



Minnesota Indian Women's Sexual Assault Coalition  
1619 Dayton Avenue, Suite 202 - St Paul, MN 55104  
Phone: (651) 646-4800 - Fax: (651) 646-4798 - Web: [www.miwsac.org](http://www.miwsac.org)

## **MIWSAC MEMBERSHIP APPLICATION FORM**

### **MIWSAC Mission Statement**

Through unity we will strengthen our voices and build resources to create awareness and eliminate sexual violence against Indigenous women and children. We will vigorously apply our efforts toward influencing social change and reclaim our traditional values that honor the sovereignty of Indigenous women and children.

### **MIWSAC Vision Statement**

Creating Safety and Justice Through the Teachings of Our Grandmothers

### **Benefits to being a MIWSAC member:**

- Gather with people committed to ending sexual violence across Minnesota
- Scholarships (as available) to MIWSAC Coalition Meetings and Events
- No Membership Fees
- Share your expertise with other Advocates and Survivors

### **Statewide Organizing:**

- Annual Statewide Conference
- Annual Membership Meeting
- Membership Visioning Meeting
- Quarterly Coalition Membership Meetings

### **Training and Technical Assistance:**

- On-Site and Regional Training Opportunities for Advocates and Community Members
- Webinar Training Opportunities
- Peer Trainings at Quarterly Membership Meetings
- Site visits to Member programs

### **Public Policy / Tribal Policy:**

- Annual Missing & Murdered Indigenous Women Events (MMIW-R) every Feb 14 and May 5
- Community Organizing
- Education and updates on policy and legislation

**Media/Communications:**

- MIWSAC Social Media: Facebook, Instagram, Twitter, Website, Listserv
- Culturally Specific Public Service Announcements
- Solidarity Shawl Project in collaboration with Sacred Hoop Coalition

**Members will be asked to renew their membership annually during our Annual Membership Meeting held every October to maintain current contact information.**

**Applicant Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Organization: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please check which type(s) of Membership you are currently interested in:**

**MIWSAC Listserv Notifications Only**

You will be invited via an email invitation to subscribe to the MIWSAC Listserv, [miwsac2001@googlegroups.com](mailto:miwsac2001@googlegroups.com), where we share many types of information relevant to sexual violence in Indian Country. We encourage you to also post on the listserv to share your events, or information from your program that could benefit others across Minnesota.

**Individual Member**

Because sexual violence is often a very personal matter, MIWSAC welcomes individual membership. One does not have to be associated with a program, or even identify as a victim or survivor of sexual violence to be committed to the movement of ending sexual violence in Indian Country.

**Organizational or Program Member**

MIWSAC welcomes all organizations that are in alignment with anti-violence work, please select below:

- Sexual Assault Program/Rape Crisis Center
- Domestic Violence Program
- Dual Sexual Assault & Domestic Violence Program
- Tribal Victim Service Agency
- Other Victim Service Provider
- Other Organizational Member: \_\_\_\_\_

**Does MIWSAC have permission to list you/your organization as a member on our website?**

YES  NO

As a member, I/we commit to represent MIWSAC through community and professional associations locally, statewide and nationally. I/we will continually broaden expertise in the area of sexual violence in Indian communities and serve as a resource for communities. I/we will help MIWSAC promote, plan, and coordinate coalition activities, sharing updates and reference materials.

**Member Initials** \_\_\_\_\_

I / Our organization agrees to support and actively promote the philosophy, mission and vision of MIWSAC as evidence by the signature below:

**Signatures** (please sign based on type of membership you are applying for):

***Individual Membership***

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Organizational Membership***

Name of Organization: \_\_\_\_\_

Signature of Authorized Person\*: \_\_\_\_\_

*\* Executive Director/Supervisor signature approval for organizational membership*

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN FORM BY:**

Mail: MIWSAC | 1619 Dayton Ave, Suite 202 | St Paul, MN 55104

Fax: (651) 646-4800

Email: [contact.us@miwsac.org](mailto:contact.us@miwsac.org)

**For Office Use Only**

Membership Application approved by current Membership's collective during the following Quarterly Coalition/Annual Membership Meeting:

Meeting Location: \_\_\_\_\_

Date Membership Approved: \_\_\_\_\_