



## DWN Individual Membership 2018-2019 Application

*Thank you for your commitment to Detention Watch Network.*

<b>INDIVIDUAL CONTACT INFORMATION</b>		
First Name:		
Last Name:		
Organization (if applicable):		Title (if applicable):
Phone:		Email Address:
City:	State:	Postal Code:
Pronouns:		Primary Language: English, Spanish, Other: _____
<b>MEMBERSHIP DUES</b> <i>We strongly encourage you to contact us if you are unable to meet the member dues obligations. We will do our best to accommodate your needs.</i>		
<b>Individual Membership Dues</b>		
<input type="checkbox"/> <b>\$0.00</b> Directly Impacted Individual or Family Member <input type="checkbox"/> <b>\$75.00</b> Individual Membership <input type="checkbox"/> <b>\$25.00</b> Discounted Student Payment		
<b>PAYMENT METHOD</b>		
<input type="checkbox"/> <b>Credit Card</b>		<input type="checkbox"/> <b>Check Payable</b> to "Tides Center" enclosed (DWN's fiscal sponsor)
Type of Card:		Amount to be Charged: \$
Card Number:		Expiration Date:
Name on Card:		
Billing Address:		
City:	State:	Postal Code:
<b>SIGNATURE</b> <i>By signing below you certify: 1) Payment; (2) That you are not a government employee or member of the media; (3) And agree to abide by DWN's mission, values and principles</i>		
Signature:		Date:

**Network Engagement** *On a scale of 1 to 5 (1 being the least important and 5 being most critical) please prioritize the areas of work you feel will be vital to your organization's engagement with DWN for this membership year:*

- \_\_\_\_\_ Networking, Information-sharing (DWN convenings, policy updates, member calls, list-servs, etc.)
- \_\_\_\_\_ Campaigns (#DefundHate, #ICEonTrial, Site Fights, etc.)
- \_\_\_\_\_ Platforms and Exposure (DWN press material development for your organization, social media promotion, etc.)
- \_\_\_\_\_ Resource Development (One pagers, talking points, backgrounders, legislative packet, etc.)
- \_\_\_\_\_ Education (Trainings, webinars, presentations, etc.)
- \_\_\_\_\_ Other:

**Member Feedback** *Your feedback helps us strengthen the network. Please let us know what we can do to keep you engaged with DWN for this membership year.*

1. How did you learn about DWN?
  
  
  
  
2. Why do you want to become a DWN member?

*Note: DWN does not rent, trade or share member's personal information. For any questions or concerns please contact: [Membership@detentionwatchnetwork.org](mailto:Membership@detentionwatchnetwork.org)*

**FOR DETENTION WATCH NETWORK USE ONLY**

<b>Membership recorded</b>			
Date:	Initials:	<input type="checkbox"/> NeonCRM	<input type="checkbox"/> List-serv sign up
			<input type="checkbox"/> Added to directory
<b>Payment processed</b>			
Date:	Initials:	<input type="checkbox"/> Check Scanned	<input type="checkbox"/> Sent to Tides
			<input type="checkbox"/> Credit Card