



2018-2019 Membership Year Renewal Application

Thank you for renewing your commitment to Detention Watch Network.

ORGANIZATIONAL INFORMATION			
Name of Organization:			
MEMBERSHIP MAIN CONTACT <i>Main point of contact for membership renewal and member updates.</i>			
First Name:	Last Name:	Phone Number:	Email Address:
Title:	Pronouns:	Primary Language: English, Spanish, Other: _____	
Other Organizational Contacts <i>Other staff to engage with DWN's work</i>			
1) First Name:	Last Name:	Phone Number:	Email Address:
Title:	Pronouns:	Primary Language: English, Spanish, Other: _____	
2) First Name:	Last Name:	Phone Number:	Email Address:
Title:	Pronouns:	Primary Language: English, Spanish, Other: _____	
3) First Name:	Last Name:	Phone Number:	Email Address:
Title:	Pronouns:	Primary Language: English, Spanish, Other: _____	
Network Engagement <i>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:</i>			
_____ 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. What areas of work would you like DWN to focus on?

2. Can DWN support you on a specific project?

MEMBERSHIP DUES *We encourage you to contact us if your organization is unable to meet member dues obligations. We may be able to offer a reduced rate, and will do our best to accommodate your needs.*

Organizational Membership Dues Rates

- **\$150** Annual Budget: \$0-\$100,000
- **\$300** Annual Budget: \$100,001-\$200,000
- **\$500** Annual Budget: \$200,001-\$300,000
- **\$700** Annual Budget: \$300,001-\$700,000
- **\$1,000** Annual Budget: \$700,001-\$1,000,000
- **\$1,500** Annual Budget: \$1,000,001-\$1,500,000
- **\$2,500** Annual Budget: \$1,500,001 and up

PAYMENT METHOD

Credit Card (Visa, MasterCard, Discover ONLY) **Check Payable** 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: _____

SIGNATURE *By signing below you certify: (1) Payment; (2) That you and your organization are not government employees or members of the media; (3) And agree to abide by DWN's mission, values and principles*

Signature: _____ Date: _____

Note: DWN will publish organizational members on its website and annual report (name and state only). DWN does not rent, trade or share member's personal information. Please contact membership@detentionwatchnetwork.org with any questions.

FOR DETENTION WATCH NETWORK USE ONLY

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