



# DWN Individual Membership 2019-2020 Application

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

<b>INDIVIDUAL CONTACT INFORMATION</b>		
First Name:		
Last Name:		
Organization (if applicable):		Title:
Phone:		Email Address:
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> (Visa, MasterCard, Discover ONLY)		<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:	CVV:
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:

