



DWN Individual Membership 2019-2020 Renewal Application

Thank you for renewing your commitment to Detention Watch Network.

INDIVIDUAL CONTACT INFORMATION	
First Name:	
Last Name:	
Organization (if applicable):	Title:
Phone:	Email Address:
Address:	
City:	State:
Postal Code:	
Pronouns:	Primary Language:
English, Spanish, Other: _____	
MEMBERSHIP DUES <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>	
Individual Membership Dues	
<input type="checkbox"/> \$0.00 Directly Impacted Individual or Family Member	
<input type="checkbox"/> \$75.00 Individual Membership	
<input type="checkbox"/> \$25.00 Discounted Student Payment	
PAYMENT METHOD	
<input type="checkbox"/> Credit Card (Visa, MasterCard, Discover ONLY)	<input type="checkbox"/> 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 <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, listservs, etc.)
- _____ Campaigns (Defund Hate, Communities Not Cages, 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?

Note: DWN's membership cycle runs from June 1st-May 31st. DWN does not rent, trade or share member's personal information. For any questions or concerns please contact: Membership@detentionwatchnetwork.org

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