



# 2019-2020 Organizational Membership Renewal Application

Thank you for renewing your commitment to Detention Watch Network.

<b>ORGANIZATIONAL INFORMATION</b>			
Name of Organization:			
Address:			
City:	State:	Zip:	
Website:			
<b>MEMBERSHIP MAIN CONTACT</b> <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: _____	
<b>Other Organizational Contacts</b> <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: _____	
<b>Network Engagement</b> <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, 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?

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

**PAYMENT METHOD**

<input type="checkbox"/> <b>Credit Card</b> (Visa, MasterCard, Discover ONLY)		<input type="checkbox"/> <b>Check Enclosed</b> Make payable to "TidesCenter"	
Type of Card:		Amount to be Charged: \$	
Card Number:	Expiration Date:	CVV:	
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:
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*Note: DWN's membership cycle runs from June 1<sup>st</sup>-May 31<sup>st</sup>. 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](mailto:membership@detentionwatchnetwork.org) with any questions.*

**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>		<input type="checkbox"/> Check Scanned	<input type="checkbox"/> Sent to Tides
Date: _____	Initials: _____		<input type="checkbox"/> Credit Card