



2627 N. East Street
 Lansing, MI 48906
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 www.biscmi.org

MEMBERSHIP OPTIONS

Individual Membership (Voting)

1. Pay non-refundable dues of \$75.00 per year. The year is January 1 through December 31.
2. Accept and agree to further the Mission and Goals of BISC-MI.
3. Must file a completed Membership application with the chair of the Membership Committee.
4. Receive the right to vote at general membership meetings.
5. May attend BISC-MI Board meetings, regional BISC-MI meetings, and participate in BISC-MI Committees.
6. Receive discounts on BISC-MI's conferences and trainings.

Organizational Membership (Non-Voting)

1. Pay non-refundable dues of \$120.00 per year. The year is January 1 through December 31.
2. Dues are waived for a Domestic Violence Survivor's Services Organization (DVSSO) to encourage them to participate in BISC-MI. A DVSSO is defined as "an organization whose only purpose is providing victim services and who does not have a batterer intervention program." Membership is renewed annually via written communication.
3. Organization accepts and agrees to further the Mission and Goals of BISC-MI.
4. An organization may send any number of affiliated staff to BISC-MI's conferences and fall trainings at membership discount.

BISC-MI MEMBERSHIP APPLICATION

I want to become a member of BISC-MI as an: INDIVIDUAL or ORGANIZATION Date: ___/___/___

Last Name: _____ First Name: _____

Organization: _____ Program Name: _____

Is this a Batterer Intervention Program? Yes No

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ - _____ Fax: _____ - _____

EMAIL: _____

I am applying for the following Membership Option:

Voting Membership Enclosed: \$ _____

\$75.00 individual

Non-Voting Membership Enclosed: \$ _____

\$120.00 Organization

Domestic Violence Survivor Services Organization *we do not have a batterer intervention program* (no fee)

I agree to BISC-MI's right to publicly recognize member participation and contributions to the organization:

Yes _____ (initial) No _____ (initial)

Payment Method:	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <i>Payable to BISC-MI</i>	<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
	Account #: _____	Expiration Date: ___/___/___
Signature: _____		

Please mail BISC-MI at the above address. If paying by credit card, you may also fax this form to us at the above fax number.

In applying for membership, I accept and agree to further the Mission and Goals of BISC-MI.

Signature

_____/_____/_____
Date