

Rochester Regional Coalition Against Human Trafficking

Individual Membership Application

Please complete this form and mail it with your payment of a minimum of \$25 to:

RRCAHT
P.O. Box 10445
Rochester, NY 14610

Name: First _____ Last _____

Agency (for identification purposes): _____

Email address: _____

Phone number: _____

Street Address 1: _____

Street Address 2: _____

City: _____ State: _____ Zip: _____

Please indicate your area(s) of interest:

Community Education

Awareness

PR/Media

Advocacy

Legislation

Fundraising

You may use my name on the RRCAHT website

Yes

No