

# Rochester Regional Coalition Against Human Trafficking

## Agency/Organization/Corporate Membership Application

You may either complete this form on your computer (download and use Acrobat Reader) and then print it or print and complete by hand.

Then mail it with your payment of a minimum of \$100 to:

RRCAHT  
275 Lake Avenue  
Rochester, NY 14608

Agency: \_\_\_\_\_

Contact: Name: First \_\_\_\_\_ Last \_\_\_\_\_

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 our organization's name on the RRCAHT website

Yes

No