

Rochester Regional Coalition Against Human Trafficking

Individual 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 \$25 to:

RRCAHT
275 Lake Avenue
Rochester, NY 14608

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