

Rochester Regional Coalition Against Human Trafficking

Agency/Organization/Corporate Membership Application

Please complete this form and mail it with your payment of a minimum of \$100 to:

RRCAHT
P.O. Box 10445
Rochester, NY 14610

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