

## APPLICATION FOR MEMBERSHIP 2020-2021

Of	(please print full name of ap	1: 0
JJ	(please print full name of applicant)	
	(please print full address)	
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elephone:		(home or work)
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have read and under	rstood the Vision, Mission and Aims and in becoming <b>a member of W</b>	lestCASA I will support them.
	(Signature of applicant)	(Date)
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## **Vision:**

A world where everyone lives free from the fear of sexual assault and family violence.

## **Mission:**

To promote the recovery of all people who have experienced sexual assault and to strive for a world free from violence and family violence in collaboration with family violence services.

## Aims:

- To create an environment in which recovery from the effects of sexual assault and related family violence can occur.
- To strengthen our practice excellence to ensure we are at the forefront of therapeutic responses to people who experience sexual assault and related family violence.
- To advance community understanding of the social conditions that allow sexual assault and related family violence to continue to occur.
- To encourage communities to take responsibility for addressing the crimes of sexual assault and related family violence.