

WISCONSIN VICTIM WITNESS PROFESSIONALS

ATTENTION!! It is time to join Wisconsin Victim Witness Professionals (WVWP)

WHO ARE WE...

WVWP is an organization of victim service professionals. Organized in May 1990, WVWP was formed to assist individuals who provide services to victims and witnesses of crimes. We are established under Chapter 950 of the Wisconsin State Statutes to ensure the rights of victims. WVWP continues to grow each year to form a network of concerned professionals.

WHAT WE DO...

WVWP advocates for the interests of victims of crime. WVWP members were instrumental in the successful effort to amend the Wisconsin Constitution to ensure rights for victims of crime. WVWP members worked with others on Wis. Act 181, the enabling Legislation for the constitutional amendment.

WVWP is working to increase public awareness and understanding. WVWP plays a leading role in promoting Victims' Rights Week by presenting annual awards in recognition of outstanding work on behalf of victims. An informational display has been developed and is available for loan to members to assist in promoting public awareness of victims' issues.

WVWP is working to promote professional standards of ethics and practice. WVWP has adopted a code of ethics setting minimal ethical standards for persons providing services to crime victims.

WVWP offers a network of support for other professionals working in the victim/witness services field.

Please join WVWP in working for victims by becoming a member today!

Membership will run January 1, through December 31,
Reasonable yearly dues – Only \$35.00 (Chapter 950 Program Regular Members) or
\$25.00 (Non-950 Program Associate Members)

**** Detach and return the form and dues to the address below ****

** Please make copies for staff in your office if needed. **

YES, I want to be a member of WVWP. Enclosed are my dues of :

_____ \$35 for a one-year Regular membership in the association.

_____ \$25 for a one-year Associate membership in the association.

(Please make check payable to WVWP and please print clearly.)

Check type of membership: _____ REGULAR (Chapter 950 Employee) _____ ASSOCIATE (Non-Chapter 950; no voting privileges)

Name: _____ County: _____

Address: _____

City, State & Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

PLEASE RETURN TO: **Sue Burr, Coordinator - Buffalo County Victim/Witness Program**
P.O. Box 337, Alma, WI 54610