



MEMBERSHIP APPLICATION

In order to apply for membership to the National Survivor Network (NSN), please complete and submit this questionnaire. If available, please include or reference any public documents associated with your victimization case (e.g. news articles, interviews, etc.). You may also include recommendation letters from law enforcement or other victim advocates involved with your case; however, this is not necessary.

1. What is your understanding for the federal definition of "a severe form of trafficking in persons"?
2. How does your personal story fit under the scope of this definition?
3. How long have you exited from your trafficking situation?
4. Have you received any services (e.g. social, legal, counseling, etc.) after escaping from your trafficking situation?
5. While members of the NSN support each other in various ways, the NSN is not equipped to act as a primary emotional support group nor does it offer victim services. Do you have a local/personal support system in place in case you have a negative experience either within or outside of the NSN?
6. What would you like to gain or learn from the NSN (e.g. speaking skills, leadership skills, advocacy opportunities, camaraderie, networking opportunities, etc.) as you work toward your personal and professional goals?
7. What are your current preferences regarding identity within and outside of the NSN? For example, do you want to remain anonymous? Or, do you prefer to use a pseudonym?

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8. How did you hear about the NSN?

9. Is there anything else you would like to add to your application for membership to the NSN?

I hereby declare that the above statements and information are true to the best of my knowledge and belief, and are made in good faith. I understand that statements or information furnished on this form are subject to verification, including a background check, and I agree to furnish supporting documents or information, if requested and available. I understand that I subject myself to removal of membership or other disciplinary action in the event that the above statements are found to be significantly questionable, incorrect, or falsified.

Print Name (Legal name)

Location (City and/or State)

Signature (Legal name)

Date