Membership Application

Organization: _______________________________________________

VOAD Rep:

Name: _______________________________________________

Phone: _______________________________________________

Alt Phone: ____________________________________________

EmailAddress: ________________________________________

Web Page: __________________________________________

Alternate VOAD Rep:

Name: ________________________________________________

Phone: _______________________________________________

Email: ______________________________________________

Organization's scope of Disaster Work in Response and/or Recovery
1. ___________________________________________________________

2. ___________________________________________________________

3. ___________________________________________________________

4. ___________________________________________________________

Organization's role in and/or resources available for Long Term Recovery:
1. ___________________________________________________________
Disaster Trainings available through your organization:
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________

Organization's scope of work in Disaster Mitigation:
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________

By signing this application, Applicant acknowledges and agrees to comply with DEVOAD's current bylaws, and in particular the requirement to regularly attend meetings.

Date: _________________________________

Signature: ______________________________

Print Name: _______________________________

Please return to: DelawareVOAD@gmail.com