

Chairman - David Venables Vice Chairman - Pastor Shane Moran Treasurer - Larry Sullivan, Esq. Secretary - David Scott

COOPERATION || COMMUNICATION || COORDINATION || COLLABORATION

Membership Application	
Organization:	· ·
VOAD Rep:	
Name:	
Phone:	
Alt Phone:	
Email Address:	
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
2
3
4
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:
Mail Application to:
DEVOAD 113 Barksdale Professional Center Newark, DE 19711

Or return by email: delawarevoad@gmail.com