



NCVOAD MEMBERSHIP APPLICATION

PURPOSE AND OBJECTIVES

Thank you for your interest in joining NC VOAD and completing this application to ensure that we maintain the high standards of NC VOAD membership.

The purpose of the corporation shall be to foster more effective service to people affected by disaster through communication, coordination, cooperation, and collaboration.

The objectives of the corporation are to convene meetings, encourage member outreach efforts, and seek affiliations and cooperative working relationships with other public, religious, private and local/state/federal governmental organizations and agencies who support and serve disaster recovery.

Applicants with questions should contact the NC VOAD President at president@ncvoad.org.

ORGANIZATION INFORMATION

Organization Name:

Mailing Address:

Physical address:

Phone:

Website:

If your organization is affiliated with a National VOAD member organization, please name that national organization:

FINANCIAL CONTACT INFORMATION

(To Receive Annual Dues Invoice)

Name:

Email Address:

Phone Number:

MEMBERSHIP CRITERIA

Membership Eligibility: An organization that in North Carolina (1) is currently active in disaster relief, and/or (2) has a history of demonstrated disaster experience, and/or (3) has an interest in preparation and planning for disaster response and recovery. These organizations are eligible for membership in NC VOAD, so long as the organization has policies and/or plans for committing resources to meet the needs of people affected by disaster, without discrimination as to race, creed, gender, or age.

I confirm that this organization meets these membership criteria

Describe how the organization is currently active in disaster relief and has a history of demonstrated disaster experience within the last three years.

Describe how you have partnered/collaborated with other organizations, in particular with LTRGs and/or local VOADs.

Why do you wish to join NC VOAD?

MEMBERSHIP CATEGORIES

Voting Member Annual Dues: \$100
Associate Member Annual Dues: \$100 *Does not apply to government members
Partner Annual Dues: \$500
Research Affiliate Annual Dues: Contact Board for more information

If applicable, what is your EIN (Tax ID #):

Does your organization have voluntary membership and constituencies? Yes No N/A

Is your organization audited annually? Yes No N/A

Does your organization adhere to established written fundraising policies? Yes No N/A

If you responded "No" or "N/A" to any of the questions above, please provide an explanation:

CONTACT INFORMATION (Who will represent the organization at NC VOAD)

Primary:

Title:

Mailing Address:

Phone 1:

Phone 2:

Email:

Secondary:

Title:

Mailing Address:

Phone 1:

Phone 2:

Email:

CONDITIONS OF MEMBERSHIP

- All member organizations must meet the membership requirements as defined in the NC VOAD Bylaws.
- All member organizations must make an annual dues payment per the Membership Fee Structure (relative to membership category) to defray operating costs.

Regarding these conditions of membership, does the organization Agree Disagree

MEMBERSHIP ADJUSTMENT

Adjustment of Membership Category or Status may be initiated by the member organization or the Board of Directors as follows: If an organization no longer meets the Conditions of Membership articulated in the Bylaws, the membership category of that organization may be adjusted or membership may be terminated at the discretion of the Board of Directors. The Board of Directors will provide notice of adjustment or termination of membership to the contact person on record for an organization and provide information on the appeal process.

If a member organization wishes to adjust its own membership category, or terminate its membership status, it should submit a written notification to the NC VOAD President.

Please mark that you have read and understand the membership adjustment process. **I agree**

ADDITIONAL INFORMATION

What is the written mission/purpose of the organization?

What type of relief does the organization provide? Please mark all that apply:

- Animal and Pet Services
- Case Management
- Donations Management (donated goods)
- Emergency assistance
- Mitigation
- Outreach, Information, Referral
- Preparedness
- Recovery
- Spiritual/Emotional Care
- Support services to local agencies
- Volunteer Management
- Other (please specify):

NC VOAD REFERENCES & LETTERS OF RECOMMENDATION

Organization	Name of Contact	Phone
1.		
2.		

A letter of recommendation is **required** from the two references listed above. See Page 4 for more information.

SIGNATURES

I agree to the membership conditions of the NCVOAD.

Signature of applicant:	Date:
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REQUIRED SUPPORTING DOCUMENTATION

Voting Members

1. Complete the application.
2. Provide Recommendation letter from two current NCVOAD members
3. Provide narrative description of the kind of disaster work done in the last three years (Newsletters, news clipping and promotional material would be helpful.)

Associate Members

1. Complete the application.
2. Provide narrative description of the disaster work anticipated for future disasters
3. Provide recommendation letters from:
 - a. For North Carolina-based organizations
 - i. Two current NC VOAD members
 - b. For organizations outside of North Carolina
 - i. A National VOAD member or the State VOAD Board of the location of your principal office
 - ii. A current NC VOAD member

Research Affiliates

1. Organizational documents: proof of ongoing research, letters from sponsoring or supervising institutions
2. Nature of their interest in Disaster Response and Recovery
3. Copy of their research proposal

Partners

Letter on corporate letterhead outlining their interest and ways in which they intend to support NCVOAD and Disaster Response and Recovery.