



Central Texas Voluntary Organizations Active in Disaster

COOPERATION | COMMUNICATION | COORDINATION | COLLABORATION

Membership Form

I would like to submit the name of my agency to be considered as a member of Central Texas VOAD.

AGENCY: _____

REPRESENTATIVE (Contact Person): _____

TITLE: _____

E-MAIL: _____

PHONE (Home, work, other): _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____ TWITTER _____

ALTERNATE REPRESENTATIVES: _____

TITLE: _____

E-MAIL: _____

PHONE (Home, work, other): _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

MEMBERSHIP TYPE:

Partner

- Organizations with voluntary memberships and constituencies, which are not-for-profit organizations or associations, duly qualified under the IRS Code Section 501(C)(3)
- Organizations that have a disaster response program and policies for commitment of resources to meet the needs of people affected by disaster without discrimination.
- Organizations that operate substantially throughout the region or nationwide, or have the ability, through affiliations with related entities, to provide such regional or national coverage.

Associate

- Local, state or federal government agencies, departments or organizations that have disaster planning and/or operations capabilities.

Affiliate

- Organizations that do not meet the above criteria for Partner or Associate membership in CTXVOAD, but that nevertheless have a disaster response program and policies for commitment of resources locally without discrimination.

Is your agency/organization a 501(C)(3) status? Yes No

If yes, please attach a copy of your 501(C)(3) to this form. _____



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Agency's Mission Statement: _____

Geographic Area of Service: _____

Disaster Services Provided:

Immediate Relief

Short-Term Recovery

Long-Term Recovery

Please Describe:
