



MEMBERSHIP APPLICATION FORM

MEMBERSHIP CATEGORIES, CONDITIONS & CRITERIA

Organizations meeting the criteria in one of the following three categories are invited to apply for Membership in NYSVOAD:

A. FULL MEMBERSHIP. (Voting) Full Member status may be granted to any corporation, institution, or other entity pursuant to the following qualifications:

- a. The organization shall have the statewide capability to respond to disasters.
- b. The organization shall consist of voluntary memberships, or constituencies, shall have a not-for-profit structure and have tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.
- c. The organization shall have a disaster response program and a policy for commitment of resources (i.e. personnel, funds or equipment) to meet the needs of the people affected by disaster, without discrimination as to race, creed, gender, or age.
- d. NYSVOAD members shall have a New York State presence in disaster preparedness, response, and/or recovery.

B. ASSOCIATE MEMBERSHIP. (Non-voting) Associate member status may be granted to a chartered sub-state VOAD, regional organization, or private corporation. Associate members have the option of supporting NYSVOAD via membership dues or in-kind payment pursuant to Article VIII of these by-laws.

C. AFFILIATE MEMBERSHIP. (Non-voting) Affiliate status may be granted to any government organization with disaster planning and operations responsibilities or capabilities. (Examples: Federal Emergency Management Agency (FEMA), New York State Office of Emergency Management (SOEM), New York State Agencies required to participate in disasters, or other New York State political subdivisions.) Affiliate organizations do not have any voting rights within NYSVOAD.

** Member organizations are entitled and encouraged to have more than one representative participating in meetings, committees and other activities. It must be noted, however, that member organizations receive only one vote regardless of how many representatives participate in VOAD activities. Mailings will be sent to the primary contact and may be duplicated for internal distribution.

I. DUES COLLECTION

The dues of this organization shall be \$200 per annum and shall be payable on January 31.

In lieu of monetary dues, an organization may contribute an in-kind payment subject to approval of the Chair.



II. APPLICATION PROCESS

- A. Read enclosed information regarding membership criteria, mission etc.
- B. Complete information below
- C. Indicate which type of membership your organization is seeking:
 - (i) Full Membership
 - (ii) Associate Membership
 - (iii) Affiliate Membership
- D. Attach all applicable enclosures:

For Full Membership:

- 1. A copy of organization's constitution or charter, and by-laws, with evidence therein of their commitment to nondiscrimination.
- 2. Unless your organization is a member of National VOAD, provide a copy of the Internal Revenue Service's certification of the organization's nonprofit status, such as 501 (c) (3). A recent annual report (if the organization has one)
- 3. A document which summarizes organization's current commitment to and role in disaster response. If your organization does not yet have a formal role, describe what types of roles and responsibilities you are interested in taking on and what resources you are willing to commit. (Add to page 4 or state on page 4 that document is included with application)
- 4. First year dues of \$200. Please make checks payable to New York State Voluntary Organizations Active in Disaster or "NYSVOAD" or ask for the dues to be invoiced.

For Affiliate Membership:

- 1. A copy of organization's constitution or charter, and by-laws, with evidence therein of their commitment to nondiscrimination, if available.
- 2. A recent annual report, if available.
- 3. A document which summarizes organization's current commitment to and role in disaster response. If your organization does not yet have a formal role, describe what types of roles and responsibilities you are interested in taking on and what resources you are willing to commit. (Add to page 4 or state on page 4 that document is included with application)

For Governmental Membership:

- 1. A document which summarizes organization's current commitment to and role in disaster response. If your organization does not yet have a formal role, describe what types of roles and responsibilities you are interested in taking on and what resources you are willing to commit.

- E. Provide a contact person for your organization.



Organization Name _____

Member of National VOAD (yes or no)? _____

Contact Person _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell Phone _____

E-mail _____ Website _____

F. Organization Information:

(Please check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Disaster Relief | <input type="checkbox"/> Emergency Service | <input type="checkbox"/> General Social Services |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Religious/Spiritual | <input type="checkbox"/> Senior Services | <input type="checkbox"/> Government |
| Other _____ | | |

Dues Included with Application? _____ Invoice Dues? _____

Name & Title

Signature

Date



III. APPLICATION APPROVAL

Please note that all applications to the New York State VOAD are subject to review and approval by the New York State VOAD membership.

Mail signed application with enclosures to:

Peter Gudaitis

New York Disaster Interfaith Services

4 West 43rd Street, Suite 407

New York, New York 10036.

If you have any questions, please contact Peter nyvoad@gmail.com at or via phone at 212-669-6100.

IV. Organization Description

Please provide a short summary of your organization's role during disasters, including services and resources provided.