

GAVOAD Membership

Please use this form to apply for GAVOAD membership or renewing your existing membership. Please read the membership category descriptions and requirements located on page 2. Check the appropriate boxes below.

MEMBERSHIP APPLICATION (first time applicants)

MEMBERSHIP RENEWAL

Membership Categories: **STATEWIDE** **LOCAL/REGIONAL** **PARTNER**

Organization Name		Address	
Website		City, State, Zip	
Primary Contact/Voting Member	Phone	Cell Phone	
Primary Contact Email			
Alternate Contact	Phone	Cell Phone	
Alternate Contact/Alternate Voting Email			

The Applicant fully understands the Criteria for Membership and represents compliance to GAVOAD with these criteria and agrees to:

1. Adhere to and promote the mission and purpose of VOAD as described in GAVOAD BYLAWS,
2. Promote and facilitate ongoing participation in GAVOAD and VOAD activities (by a national or state office and local chapters/affiliates),
3. Pay annual dues at a level set by GAVOAD, and
4. Provide representation at a minimum of 50% GAVOAD meetings per year,

RENEWING MEMBERS: Please indicate your Membership Category. (EXTENDED) Dues will increase by \$10 after April 15th.

Make checks payable to Georgia VOAD

\$75/\$85 Statewide **\$50/\$60 Local/Regional** **Partner**

NEW APPLICANTS: See instructions on page 2.

The following duly authorized representative of the Applicant hereby acknowledges that the information contained in this application is true and complete.

Print Name _____ Date _____

Signature _____

Mail your check and this form with complete information to:

GA VOAD
PO BOX 870493
STONE MOUNTAIN, GA 30087

Form must be submitted with payment. A copy of application and all required documents should be emailed to:

TREASURER@GAVOAD.COM

GEORGIA VOAD MEMBERSHIP CATEGORY DESCRIPTIONS

There are two designations of membership and partnership and guest designation. Membership will be contingent upon the conditions specified below and other such criteria as established by Georgia VOAD and National VOAD.

STATEWIDE MEMBERSHIP (Annual Dues \$75/\$85 after April 15, 2021 Extended Date):

A Statewide membership may be granted to any corporation, institution, or other entity pursuant to the following:

- (1) The organization shall be statewide in scope and purpose.
- (2) The organization shall consist of voluntary memberships or constituencies, be a not-for-profit organization (under IRS Code 501 (c)(3) or have a formal agreement with another organization that has IRS 501 (c)(3) standing that will serve as a fiscal agent.
- (3) The organization shall have a disaster response program and policy for commitment of resources (i.e., personnel, funds, and equipment) to meet the needs of people affected by disaster without discrimination.
- (4) The organization shall designate a primary and alternate contact/voting member to GAVOAD.
- (5) The Organization shall provide basic agency information for inclusion on database/resource directory.

FIRST TIME STATEWIDE APPLICANTS MUST INCLUDE THE FOLLOWING WITH THEIR APPLICATION:

1. A letter of authorization from the Applicant's Board of Directors for Application for Membership, including statements of the organization's commitment to provide services statewide, and non-discrimination in hiring and in the provision of services. The Board President must sign the letter,
2. A copy of the Applicant's 501(c)(3) determination letter from the US Treasury Department or a copy of the formal agreement with fiscal agent verifying representation and fiscal agent's 501 (c)(3) determination letter,
3. Names/Titles and contact information of administrative personnel including designated voting representative and alternate (updated annually),
4. A listing of local chapters/affiliates throughout the state,
5. A listing of other Statewide or National Members with which the Applicant has previously worked collaboratively,
6. Two letters of support from existing GAVOAD members, and
7. A written summary of disaster related activities within the state of Georgia.

DO NOT INCLUDE DUES PAYMENT AT THIS TIME (You will be contacted once your application has been approved).

LOCAL/REGIONAL MEMBERSHIP (Annual Dues \$50/\$60 after April 15, 2021 Extended Date):

A Local/Regional membership may be granted to any corporation, institution, or other entity pursuant to the following:

- (1) The Organization shall focus on a particular area or region within the state [e.g., Community Organizations Active in Disaster (COAD), Long Term Recovery Group (LTRG), or members of private industry involved in disaster response].
- (2) The Organization shall have a disaster program and guidance documents to define and set precedence, for delivery of services, to address the needs of people and communities affected by disasters, and without discrimination.
- (3) The Organization shall agree with the mission of GAVOAD.
- (4) The Organization shall designate a primary and alternate contact/voting member to GAVOAD.
- (5) The Organization shall provide basic agency information for inclusion on database/resource directory.

FIRST TIME LOCAL/REGIONAL APPLICANTS MUST INCLUDE THE FOLLOWING WITH THEIR APPLICATION:

1. A letter of authorization from Applicant's leadership for Application for Membership. The Applicant's Chairperson or President must sign the letter,
2. A written summary of disaster related activities within the state of Georgia.
3. Names/Titles and contact information of administrative personnel including designated voting representative and alternate (updated annually),
4. A listing of local chapters/affiliates throughout the state,
5. A listing of other Statewide or National Members with which the Applicant has previously worked collaboratively,
6. Two letters of support, at least one from an existing GAVOAD member, a letter from a local government official
7. A written summary of disaster related activities within the state of Georgia.

DO NOT INCLUDE DUES PAYMENT AT THIS TIME. (You will be contacted once your application has been approved).

GOVERNMENTAL PARTNER/GUEST ORGANIZATIONS (No Annual Dues Required refer to BYLAWS):

Please direct questions to TREASURER@GAVOAD.com. Thank you for supporting your GAVOAD.