



Larimer County
Voluntary Organizations
Active in Disaster

COOPERATION | COMMUNICATION | COORDINATION | COLLABORATION

Member Application

This Member Application is submitted to the Larimer County Voluntary Organizations Active in Disaster (Larimer VOAD) with the support of the Applicant's Board of Directors.

<p>Applicant/Organization Name: _____</p> <p>Address: _____</p> <p>City / State / Zip: _____</p> <p>Primary Contact: _____</p> <p>Phone/Fax: Email: _____</p> <p>Web site: _____</p> <p>NVOAD Member Statewide in Scope of Disaster Work in Response and/or Recovery</p> <p>Yes _____ No _____</p>

The Applicant fully understands the Conditions and Criteria for Membership in the Larimer VOAD and represents to Larimer VOAD that it complies with these criteria and agrees to:

- Adhere to and promote the purpose and principles of NVOAD and COVOAD
- Promote and facilitate ongoing participation in Larimer VOAD and VOAD activities;
- Provide representation at the Larimer VOAD Membership Meetings;
- Submit activity, situation and programmatic reports as requested;
- Must be active in one or more of the phases of emergency management such as preparedness, response, and recovery.

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

Signed this _____ day of _____, 20_____.

Signature: _____

Print Name: _____