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## **Associate Member Organization**

Name of Qualified Orga	anization:			
in all phases of disaster. service delivery to those	a humanitarian association of indeper Its mission is to identify unmet need imperiled or impacted by disaster wh ne four phases of disaster: preparation	s and facilitate efficient, streatile eliminating duplication of	amlined effort	
network of organizations own identity and indeper organizations, faith grou	not a competing or exclusionary orgal active in disaster. Each WV VOAD in indence, while closely collaborating with items, and local, state or federal authority. Direct services are provided by men	member organization will ma th other WV VOAD member ies. WV VOAD takes no role	intain its	
Does this organization a	gree with the WV VOAD Mission and	Purpose as stated above?	Yes No	
Authorized Signature				
Authorized Signature		Date		
Title				
Designated Representa	ative (Print):			
Mailing Address:				
Contact Numbers	Home	Work		
	Cell	Fax		
Email Address:				
Designated Alternative	Representative (Print):			
Mailing Address:				
·				
Contact Numbers	Home	Work		
	Cell	Fax		
Email Address:				

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Member Organization Profile				
Official Organization Name:	Acronym:			
Website:				
Mission Statement of Organization:				
Publications (Newsletters, etc.):				
Scope of Disaster Work in Response and/or Recovery:				
•				
•				
•				
Organization's role in and/or resources available for Long Term Recovery:				
•				
•				
•				
•				
Disaster Trainings available through your organization:				
•				
•				
•				
•				
Areas Served (counties, statewide, and/other):				