



ARVOAD ORGANIZATION MEMBERSHIP APPLICATION

Section 1: AGENCY CONTACT INFORMATION

Name of Organization:		
Organization's address:		
City:	State:	ZIP Code:
Phone:	Email address:	
Website:	NVOAD Member: Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>	

Section 2: MEMBER ORGANIZATION AUTHORIZED REPRESENTATIVES

<u>Primary Representative:</u>			
Address [if different from Organization's address]:			
City:	County:	State:	Zip Code:
E-mail:	Phone:	Fax:	
Position:			Cell:
<u>Alternate Representative:</u>			
Address [if different from Organization's address]:			
City:	County:	State:	Zip Code:
E-mail:	Phone:	Fax:	
Position:			Cell:

Section 3: STATE MEMBERSHIP

Is your organization one with voluntary memberships and constituencies incorporated as a nonprofit in Arkansas and qualified under 26 U.S. C. Section 501(c)3 of the U.S. Internal Code. Yes [Please attach IRS form with application] No [See Associate or Partner memberships]

Does your organization have a disaster response program and policy for commitment of resources to meet, without discrimination, some aspect of the needs of people affected by disaster? Yes No

Is your organization statewide in scope? Yes No

If no, where and how does you organization operate within the state of Arkansas?

Has your organization, at a minimum, been involved in disaster response in Arkansas over the past four years or been affiliated with a current National Member of VOAD? Yes No

Will your organization support statewide disaster response efforts? Yes No

If no, what types of support does your organization offer and in what geographic area of the State?

REQUIRED ATTACHMENTS

Membership request letter [describe commitment to ARVOAD]:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed Statement of Membership Responsibility [See last page]:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Application Fee Check Included [\$100 made payable to ARVOAD, includes one year of ARVOAD Membership Dues]:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IRS 501(c)3 Determination Letter for your organization:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

AUTHORIZATION SIGNATURE

I authorize the above information to be submitted to ARVOAD for membership consideration:

Signature of applicant:

Title of Applicant:	Date:
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Return to: ARVOAD Executive Committee



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Section 4: ASSOCIATE MEMBERSHIP

Does your organization have disaster planning and operations responsibilities or capabilities?
Yes No

Is your organization a Community Organization Active in Disaster (COAD) at the regional, county, or local level? Yes No

If yes, which level?

- Regional
- County
- Local

Will your organization support statewide disaster response efforts? Yes No

If no, what types of support does your organization offer and in what geographic area of the State?

REQUIRED ATTACHMENTS

Membership request letter [describe commitment to ARVOAD]: Yes No

Signed Statement of Membership Responsibility: Yes No

AUTHORIZATION SIGNATURE

I authorize the above information to be submitted to ARVOAD for membership consideration:

Signature of applicant:

Title of Applicant:

Date:

Section 5: PARTNER MEMBERSHIP – GOVERNMENTAL AGENCY OR PRIVATE PARTNER

Does your governmental agency or private sector entity bring resources to the VOAD movement and demonstrate a commitment to support the VOAD mission? Yes No

Will your organization support statewide disaster response efforts? Yes No

If no, what types of support does your organization offer and in what geographic area of the State?

REQUIRED ATTACHMENTS

Membership request letter [describe commitment to ARVOAD]: Yes No

Signed Statement of Membership Responsibility: Yes No

AUTHORIZATION SIGNATURE

I authorize the above information to be submitted to ARVOAD for membership consideration:

Signature of applicant:

Title of Applicant:

Date:

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Section 6: CONDITIONS OF MEMBERSHIP

Agree with the ARVOAD Conditions of Membership: Yes No

1. Meet the membership criteria of ARVOAD [as stated for the category of membership for which you are applying].
2. Agree with the mission of the ARVOAD. [see mission below]
3. Have an authorized representative at ARVOAD business and special meetings. [see membership responsibilities]

Mission

The mission of ARVOAD is to foster effective and efficient service delivery to people living in the state of Arkansas who have been affected by disaster.

ARVOAD accomplishes its mission through communication, coordination, cooperation, and collaboration among the many volunteer organizations active in disaster response. The goal is to provide more effective and less duplicative services by organizing efforts before disaster strikes.



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Section 7: MEMBERSHIP RESPONSIBILITIES

Agree with the ARVOAD Membership Responsibilities: Yes No

State Membership:

1. Each member organization shall:
 - a. Designate knowledgeable and authorized representatives to attend ARVOAD meetings and as organization contacts:
 - Each member organization shall designate the primary representative and one alternate representative.
 - Each member organization shall designate this representative to cast its vote at ARVOAD meetings.
 - The designated representative must be knowledgeable as to the resources of their organization and authorized to commit those resources.
 - b. Provide an annual information update.
 - Such update should include the name and contact information of the person and alternate appointed to represent the organization and to vote for it at meetings of the ARVOAD.
 - The update should also include any changes in member organization information or resources.
 - Changes to this information, when necessary, may also be made by submitting the Interim Update Form to the Secretary at any time, with voting privileges effective immediately.
 - c. State members pay annual dues of \$50.00 due at the start of ARVOAD's fiscal year, July 1.
 - d. Maintain participation in at least one ARVOAD committee.
 - e. Attend in person or by phone at least fifty percent of regular business, special, and emergency meetings in a twelve-month period. Attendance is credited for attendance by the primary representative, alternate representative, or duly appointed representative authorized by submitting to the Secretary a completed and signed AR VOAD State Member Temporary Representative and Proxy Voting Form.
 - f. Organizations must be committed to fulfilling the purposes and objectives of the ARVOAD.

Return to: ARVOAD Executive Committee



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Section 7: MEMBERSHIP RESPONSIBILITIES - Continued

Associate and Partner Memberships:

2. Each member organization shall:
 - a. Bring resources to the VOAD movement and demonstrate a commitment to support the VOAD mission.
 - b. Designate representatives to attend ARVOAD meetings and as organization contacts.
 - Each member organization shall designate the primary representative and one alternate representative.
 - The designated representatives must be knowledgeable as to the resources and capabilities their organization may be willing to offer.
 - c. Provide an annual information update.
 - The update should include the name and contact information of the person and alternate appointed to represent the organization.
 - The update should also include any changes in organization information or resources.
 - Changes to this information, when necessary, may also be made by submitting the Interim Update Form to the Secretary at any time, effective immediately.
 - d. Attend in person or by phone at least fifty percent of regular business, special, and emergency meetings in a twelve-month period. Attendance is credited for attendance by the primary representative, alternate representative, or duly appointed representative authorized by submitting to the Secretary a completed and signed AR VOAD State Member Temporary Representative and Proxy Voting Form.

Termination of Membership – An organization’s membership may be terminated by:

- a. Voluntarily by submission of a letter of withdrawal to the Executive Committee.
- b. When so recommended by the Executive Committee, with good cause shown, and with a two-thirds vote of State Members.
- c. Upon consistent failure to meet the conditions of membership.
- d. Upon failure to respond within 30 days to any letter concerning failure to meet conditions of membership.

Section 8: AUTHORIZATION SIGNATURE

I agree to the membership conditions and responsibilities of ARVOAD:

Signature of applicant:

Title of Applicant:

Date:

09/12/17

Return to: ARVOAD Executive Committee

ARVOAD

PO Box 3721

Little Rock, AR 72203