



New Jersey Voluntary Organizations Active in Disaster (NJVOAD) Membership Application

NJVOAD – a coalition of organizations that contribute to developing and sustaining community resiliency throughout the disaster cycle – facilitates and fosters cooperation, communication, coordination and collaboration among members and partners to improve preparedness, resilience, response and recovery resulting in more effective outcomes.

In support of the above mission, NJVOAD invites organizations involved in disaster preparedness, resilience, response and/or recovery in the State of New Jersey to apply for membership in NJVOAD. There are many benefits to be gained by becoming an active NJVOAD member:

- Increased capacity to provide more efficient services to victims of disasters;
- Better response to disasters through cooperation, communication, coordination and collaboration (the 4 C's which form the foundation for VOAD principles and missions throughout the nation);
- Networking and sharing of best practices with other individuals and organizations active in disaster response;
- Training resources and technical assistance available through NJVOAD and our partners;
- Access to opportunities for outreach in coordination with our partners.

Membership Options:

Full Member status (voting member) may be granted to an organization, institution or other entity meeting the following qualifications:

- The organization shall have New Jersey statewide or multi-county capacity to respond to disasters and a presence and investment in disaster preparedness, response and/or recovery;
- The organization shall consist of voluntary memberships or constituencies and shall operate as a not-for-profit with tax-exempt status under the Internal Revenue Code;
- The organization shall have a disaster response program with a policy for commitment and/or distribution of resources and services without discrimination on the basis of gender, race, color, creed, national origin, age, marital or civil union status, disability, gender identity or sexual orientation;
- The organization's governing body or regional headquarters shall acknowledge involvement and support of membership in NJVOAD and name the Designated and Alternate Representatives in writing.

Associate Member status (non-voting member) may be granted organizations with the capacity or interest in responding to disasters on a regional or local level:

- County or regional Voluntary Organizations Active in Disaster (VOAD) or Community Organizations Active in Disaster (COAD) located in New Jersey are eligible for Associate membership.

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Membership Fees:

Annual membership fees are assessed for all **Full Members** on a three-tiered structure based on the organizational budget for New Jersey operations:

Cost Tiers	Annual NJ Organizational Budget	Annual Membership Fee
Level 1	\$250,000 or less	\$50
Level 2	\$250,001 - \$750,000	\$150
Level 3	\$750,001 and higher	\$250

Membership scholarships are available to members in good standing. Applications are reviewed and approved by the Executive Director. The results are confidential, and recipients maintain all benefits of Full Membership.

There is no membership fee assessed for **Associate Members** as this level consists of county/regional VOADs/COADs that are not typically resourced to support a membership fee.

Conditions of Membership:

Through completion of the membership application, the organization agrees to abide by the following conditions of membership:

1. We accept the mission and purpose of NJVOAD as set out in the NJVOAD bylaws and agree to work in a manner consistent with both.
2. We will maintain representation at routine and special membership meetings of the NJVOAD and participate in special events.
3. We agree to work in coordination with NJVOAD and appropriate government agencies when responding to a disaster.
4. We verify that we meet the conditions of membership for our type of membership as outlined in the NJVOAD bylaws.
5. If requested, we will provide a copy of our organization's constitution or charter and by-laws, our IRS recognition as a 501(c)(3) organization, or other documentation needed to verify the type of membership.
6. We commit to meeting our annual membership fee and accept responsibility to maintain and provide NJVOAD with accurate and up to date contact information for general contact purposes and emergency response activation.

Please retain this membership information for your records and complete the attached Membership Application Form. Please submit completed and signed Membership Applications to: BusinessAdmin@njvoad.org

Full Membership Applicants: Please note that your organization's leadership (CEO, Executive Director, Board Chairperson) is required to acknowledge involvement and support of membership in NJVOAD and name the Designated Representative in written correspondence on organizational letterhead. Please include this correspondence with your application.

**New Jersey Voluntary Organizations Active in Disaster (NJVOAD)
Membership Application Form**

Legal Name of Organization:	
Membership Type:	<input type="checkbox"/> Full Member <input type="checkbox"/> Associate Member
Organizational Leader Name:	
Organizational Leader Title:	
Mailing Address:	
City, State, Zip:	
Office Telephone:	
E-mail Address:	
Website:	

	NJVOAD Representative Information:	Alternate Representative Information:
Name:		
Mailing Address :		
City, State, Zip:		
Office Telephone:		
Mobile Telephone:		
E-mail Address:		

Is the organization a member of the National VOAD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Organization's Mission Statement:	
What Phases of the Disaster Cycle does your organization support (check all that apply):	<input type="checkbox"/> Mitigation <input type="checkbox"/> Response <input type="checkbox"/> Resilience <input type="checkbox"/> Preparedness <input type="checkbox"/> Recovery
Please list the resilience, disaster services and/or mass care supports your organization provides:	
<i>Please attach a copy of your organizational disaster service plan if applicable.</i>	

By signature below, the Authorized Organizational Leader commits to meeting the conditions of membership as outlined in the application and in the NJVOAD bylaws, and attests that the information contained in this application is accurate and true to the best of his/her knowledge.

Authorized Organizational Representative Signature

Position / Title

Date