



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 survivors of disasters;
- Improved resilience for your organization and community to support your organizations mission 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:

- a. Full Member: Full member status may be granted to an organization, institution or other entity pursuant to the following qualifications:
 - i. The organization shall have New Jersey statewide or multi-county capacity to respond to disasters and a presence and investment in building resilience to assist communities to prepare, respond, and recover from disasters.
 - ii. 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.
 - iii. The organization shall have 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.
 - iv. 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.
- b. Associate: Associate member status may be granted to organizations pursuant to the following qualifications:
 - i. The organization shall have a county or multi-county capacity to respond to disasters and a presence and investment in building resilience to assist communities to prepare, respond, and recover from disasters.
 - ii. The organization shall have 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.
 - iii. The organization shall operate as a county or regional Community Organizations Active in Disaster (COAD) located in New Jersey.

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Membership Fees:

Annual membership fees are assessed 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	\$100
Level 2	\$250,001 - \$750,000	\$200
Level 3	\$750,001 and higher	\$300

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 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: kadams@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:	
Annual Operating Budget:	<input type="checkbox"/> <\$250,000 <input type="checkbox"/> \$250-750,000 <input type="checkbox"/> > \$750,000

	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



**New Jersey
Voluntary Organizations
Active in Disaster**

Building Resilient New Jersey Communities

MEMBERSHIP AGREEMENT

**Between _____
and New Jersey Voluntary Organizations Active in Disaster (NJVOAD)**

1. Membership with NJVOAD is governed by these terms and conditions, and it is the responsibility of the organization to read and understand all of them. If you agree to these terms and conditions, please insert your organization's name and sign below.
2. We accept the mission, principles, policies, and [Points of Consensus](#) of National VOAD and New Jersey VOAD and will adhere to the same.
3. We will provide representation to the NJVOAD Conference and quarterly meetings (in person or electronically). We will have the opportunity of appointing representatives to participate in NJVOAD committees and task forces. We share together with NJVOAD the responsibilities and obligations for such programs.
4. We agree to use the NJVOAD logo for identification purposes consistent with the license and guidelines articulated by NJVOAD.
5. We will maintain active participation in County/Regional VOAD/COAD organizations in which we operate.
6. We will annually submit, in conjunction with annual dues on or before the specified due date of each January, the following information to New Jersey VOAD:
 - Most recent annual and/or programmatic reports
 - Financial report and/or budget
 - Update all contact and organizational information from Member Application, as it changes.
7. We acknowledge that to remain a Member of NJVOAD it is our responsibility to pay annual dues in accordance with the NJVOAD Bylaws.
8. Neither the Member Organization nor NJVOAD will disclose confidential information except as permitted in writing or as required under compulsion of law.

This is a three-year agreement effective _____.

The following duly authorized representative of the organization acknowledges that the information contained in this agreement is true, accurate, and complete. The organization fully understands and reaffirms the criteria for NJVOAD Membership.

Signature and Date (Member Organization)

Signature and Date (NJVOAD)

New Jersey Voluntary Organizations Active in Disaster

MEMBERSHIP POLICY

Adopted by the Board of Trustees, November 12, 2019

Dues Level Amended, August 17, 2023. Effective 2024.

1. New Members

- a. Membership in NJVOAD shall be in accordance with Article III of the Bylaws.
- b. Organizations desiring to become Members or Affiliate Members of NJVOAD shall submit a complete application¹ (including initial dues payment) to the Executive Director. The Executive Director shall present completed applications to the Board of Trustees with a recommendation for action, no later than the next quarterly Board of Trustees meeting. The Executive Director will inform the organization of the Board's action.

2. Existing Members

- a. Dues
 - i. On an annual basis
 1. Each October, Member Organizations will be assessed annual dues based on their New Jersey organizational budget and will be invoiced, as follows:

a. \$100/annum, Level One	<\$250,000.00
b. \$200/annum, Level Two	\$250,001.00 - \$750,000.00
c. \$300/annum, Level Three	>\$750,001.00
 2. If an organization does not provide NJVOAD with its organizational budget, dues will be assessed at Level III.
 3. Member organizations will notify the Executive Director of any changes to their organizational budget and/or membership representatives, as soon as possible.
 4. Failure to pay assessed dues in ninety days will result in a suspension of the Member Organization.
 - ii. On a tri-annual basis, beginning in January 2020
 1. The Executive Director will distribute Membership² or COAD/VOAD Membership Agreements³ and Tri-Annual Reports⁴ to all NJVOAD members.
 2. Full Member Organizations must return an executed Membership Agreement to the Executive Director.
 3. Associate Member organizations (Regional COAD/VOAD) must return an executed COAD/VOAD Agreement to the Executive Director.
- b. Tri-Annual Report
 - ii. Failure to return an executed agreement within ninety days will result in a suspension of the organization.

¹ Membership Application (Appendix 1)

² Membership Agreement (Appendix 2)

³ COAD/VOAD Agreement (Appendix 3)

⁴ Tri-Annual Report (Appendix 4)