



# ORGANIZATION MEMBERSHIP APPLICATION

There are three general categories of membership in Kentucky VOAD: Regular Membership, Associate Membership, and Affiliate Membership. The requirements for regular membership in KyVOAD are most easily summarized by the name itself:

**KENTUCKY** ..... The organization shall be active state-wide or throughout a significant portion of the Commonwealth of Kentucky.

**VOLUNTARY ORGANIZATIONS** ..... The organization shall consist of voluntary memberships or constituencies, shall have a not-for-profit structure, and shall have tax-exempt status under section 501(c)(3) of the Internal Revenue Code of the United States.

**ACTIVE IN DISASTER** ..... The organization shall have a disaster response program and policy for commitment of resources (i.e. personnel, funds, and/or equipment) to meet the needs of people affected by disaster, without discrimination as to race, creed, gender, or age.

For organizations consisting of multiple regional or local operating units, generally only one headquarters or unit shall be recognized from any parent organization. Any necessary coordination among units of the same parent organization is the responsibility of that parent organization. Membership shall be at or above the organization level providing services and meeting these principles.

Associate membership may be granted to any government agency, corporation, institution, or other entity which does not qualify for regular membership, but which supports the purposes and principles of KyVOAD. There are

Individuals from KyVOAD member organizations who wish to participate in KyVOAD and who are not the designated representative of the organization, may be granted Affiliate membership.

If you have any questions about your organization's qualifications for membership or the application process, please contact the chair of the Membership Committee or any of the KyVOAD officers.

# APPLICATION FOR REGULAR OR ASSOCIATE MEMBERSHIP

**Name of Organization:**

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**Category of Membership Requested:**

Regular

Associate:

- Regional/Community Associate membership is open to coalitions of agencies that are regional or community in scope and purpose, voluntary, and active in disasters. This includes but is not limited to Local VOADs in Kentucky.
- Provisional Associate membership is open to organizations with a disaster program that do not yet meet the criteria for Regular Membership, but which are working to achieve that status.
- Governmental Associate membership is open to government agencies that bring resources to the VOAD movement and demonstrate a commitment to support the VOAD mission.
- Private Associate membership is open to Private Sector entities that bring resources to the VOAD movement, demonstrate a commitment to support the VOAD mission, and agree to provide an annual financial contribution to KyVOAD

**Briefly describe the organization's disaster activity program in Kentucky:**

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Additional information to more fully describe the program may be attached but the above section must be completed.

**Name of organization chief executive officer for Kentucky:**

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Mailing Address:

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Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Name of official responsible for disaster program in Kentucky:**

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Mailing Address:

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Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Name of primary contact person for KyVOAD application:**

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Mailing Address:

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Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Non-profit status:**

- Organization 501(c)(3) status derived through group exemption of parent organization.
- Organization 501(c)(3) status recognized by IRS.
- Organization meets 501(c)(3) requirements and is not required to have IRS determination.
- Organization is non-profit under a status other than 501(c)(3)
- Organization is a government agency
- Organization is *not* a non-profit.
- Other. (explain below)

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Note: Organizations may be requested to provide documentation of non-profit status.

**Describe the “voluntary” nature of the organization (if applicable):**

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**Describe the area where the organization provides services:**

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**Is the national parent organization a member of National VOAD:**

- YES. Name of national organization: \_\_\_\_\_
- NO. Name of national organization: \_\_\_\_\_
- N/A. Organization does not have a national parent organization.

**List the individual(s) who will represent the organization:**

**Primary representative:**

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Mailing Address:

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Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**1st Alternate:**

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Mailing Address:

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Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**2nd Alternate:**

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Mailing Address:

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Telephone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Attach a separate listing if any additional alternate representatives are to be designated.**

Dues for organization membership (Regular or Associate) include the designated primary representative of the organization. Any additional individuals from the organization who will actively participate in KyVOAD should apply for Affiliate Membership.

