



Vermont
Voluntary Organizations
Active in Disaster

COOPERATION | COMMUNICATION | COORDINATION | COLLABORATION

2016 Membership Form

Date

- Full Membership
 Associate Member

Organization Name:

Physical Address:

Mailing Address:

Phone:

E-mail:

Website:

VT VOAD Representative:

E-mail:

Phone:

Mailing Address:

Membership Dues: Please mail your \$50 check, made payable to VT VOAD, to:

VT VOAD, c/o Anne Goodrich

259 Beaver Meadow Road

Norwich, VT 05055