A MEMBERSHIP AGREEMENT
Between ________________________________________State/Territorial/Tribal VOAD and National Voluntary Organizations Active in Disaster (National VOAD)

1. We acknowledge that ________________________ Voluntary Organizations Active in Disaster (VOAD) is a separate entity from National VOAD. We further acknowledge National VOAD’s organization and governance as a model for our organization while reserving the right to establish a state structure.

2. We accept the mission, principles, values, policies, and points of consensus of National VOAD and subscribe to the same.¹

3. We agree to be recognized as the sole State/Territorial/Tribal VOAD for the (State/Commonwealth of) ________________________. We will provide representation to the Annual VOAD Conference(s); have the opportunity of participating and attending meetings along with nominating representatives to National VOAD committees; we share together with National VOAD the responsibilities and obligations for such programs.

4. We agree the finances and assets of National VOAD and ________________________ VOAD are separate from each other; that National VOAD and ________________________ VOAD cannot hold the other to any binding contracts or as agents of the other. Further, ________________________ VOAD is responsible for obtaining its own tax exemption and filing its own tax return or securing its own fiscal agents.

5. We, the ________________________ VOAD, agree to use the National VOAD logo for identification purposes consistent with the license and guidelines articulated in the National VOAD Branding Standards, Policies and Procedures.

6. We jointly agree that National VOAD and ________________________ VOAD will provide to each other copies of our Organizational Bylaws, Articles of Incorporation (if applicable), Disaster Response Protocols, Member Directories, and Meeting Minutes. National VOAD will provide guidance and technical assistance to the ________________________ VOAD, as requested.

7. We jointly accept our responsibilities to maintain a membership roster and resource matrix and will provide copies of these documents annually on or before April 1st of each calendar year. Membership Rosters will include participating organizations and their designated representative(s) including current contact information. We agree to advise each other of any changes within thirty (30) calendar days.

8. We, ________________________ VOAD, acknowledge that to remain a member of the National VOAD, it is our responsibility to pay annual dues in accordance with the bylaws of National VOAD.

9. National VOAD and ________________________ VOAD both retain the right to terminate this Membership Agreement with 60 days written notice. Termination of membership revokes all rights, privileges and responsibilities afforded.

10. Neither National VOAD nor ________________________ VOAD will disclose confidential information except as permitted in writing or as required under compulsion of law.

11. This is a three year agreement effective July 1st, __________.

__________________________________________        __________________________________________
Signature and Date (State VOAD)                      Signature and Date (National VOAD)

__________________________________________        __________________________________________
Signature and Date (State VOAD)                       Signature and Date (National VOAD)

¹ see www.nvoad.org