



Please email completed form to WAVOAD Secretary: debra.finley@wc.npuc.org
WAVOAD MEMBERSHIP APPLICATION/RENEWAL FORM*

ORGANIZATION NAME:
WEBSITE:
MAILING ADDRESS:

CONTACT INFO (GENERAL):
PHONE:
EMAIL:

WAVOAD REPRESENTATIVE NAME:
ADDRESS:
PRIMARY PHONE:
EMERGENCY/AFTER HOURS PHONE:
EMAIL:
FAX:

ALTERNATE CONTACT NAME:
ADDRESS:
PRIMARY PHONE:
EMERGENCY/AFTER HOURS PHONE:
EMAIL:
FAX:

ORGANIZATIONAL STRUCTURE:

DISASTER PROGRAM/SERVICES PROVIDED:

- Unfortunately, our organization/individual is not able to renew membership at this time.
 - Please check here if you would like to receive information as a Friend of WAVOAD.
- * INFORMATION PROVIDED WILL BE POSTED IN THE WAVOAD RESOURCE DIRECTORY