



Oregon Voluntary Organizations Active in Disaster

Invoice for Membership Dues
July 1, 2018 – June 30, 2019

Organization: _____

Address: (for receipt) _____

Description	Amount
<i>2017/18 Full Membership Dues (Voting/leadership privileges)</i> National VOAD-affiliated organizations, state-wide nonprofit 501(c)(3)	<i>\$75.00</i>
<i>2017/18 Partner Membership Dues (sub-committee privileges)</i> Local disaster response organizations Government members Business members	<i>\$50.00</i>

Please make check **payable to ORVOAD** and mail within 30 days, along with this application/renewal form to:

Wendy Colvin
10127 S Macksburg Rd
Canby, OR 97013

colvinwe@yahoo.com
503-266-1636

Oregon Voluntary Organizations Active in Disaster 2017/18 Membership Dues

Enclosed is check # _____ for: \$75 for Full Membership 2017/18
 \$50 for Partner Membership

Organization Name: _____

Contact Name: _____

Address: _____

Phone: _____ Email: _____