



Oregon Voluntary Organizations Active in Disaster

Invoice for Membership Dues
July 1, 2019 – June 30, 2020

Organization: _____

Address (for receipt): _____

Description	Amount
<i>2019/2020 Full Membership Dues (Voting/leadership privileges)</i> National VOAD-affiliated organizations State-wide non-profit 501(c)(3)	<i>\$75.00</i>
<i>2019/2020 Partner Membership Dues (Voting/sub-committee privileges)</i> Local disaster response organizations/Local COADs or VOADs Business Members	<i>\$50.00</i>
<i>2019/2020 Affiliate Membership Dues (Voting/sub-committee privileges)</i> Governmental agencies	<i>\$50.00</i>

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

Wendy Colvin, Treasurer
10127 S Macksburg Rd, Canby, OR 97013
colvinwe@yahoo.com
503-266-1636

Oregon Voluntary Organizations Active in Disaster 2019/2020 Membership Dues

Enclosed is check # _____ for (check only one):

\$75 for **Full** Member \$50 for **Partner** Member \$50 for **Affiliate** Member

Organization Name: _____

Contact Name: _____

Address: _____

Phone: _____ Email: _____