

St. Lucie Disaster Recovery Coalition: General Membership Application

DATE OF REGISTRATION

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ORGANIZATION INFORMATION

Organization Name:

Mailing Address:

Physical Address:

Phone:

Website:

Is your organization affiliated with a National Long Term Recovery organization? If so, please provide the name below:

FINANCIAL CONTACT INFORMATION

Name:

Email:

Phone:

MEMBERSHIP CRITERIA

Membership Eligibility: Membership in the St. Lucie Disaster Recovery Coalition shall be open to all organizations, agencies, and individuals committed to the Coalition's mission and purpose, including but not limited to: Faith-based organizations, Volunteer groups, Non-profit entities, Governmental agencies, Community-based organizations, Private sector entities, Individual community member, Eligible members are expected to actively contribute to the mission through financial, material, or volunteer support, or by providing expertise and advocacy.

☐ I confirm that the organization listed on this application meets this criteria.

Is your organization currently active in disaster relief? If so, please list what disasters your organization has assisted with over the past three years.

Please describe what kind of assistance your organization provided for these disasters.

The St. Lucie Disaster Recovery Coalition is a 501(c)(3) non-profit organization established to address disaster-related unmet needs, including—but not limited to—housing, employment, childcare, transportation, mental health, food, clothing, home furnishing, weatherization/storm mitigation, and legal advice.

What is the written mission/purpose of your organization?

The St. Lucie Disaster Recovery Coalition is a non-profit organization that coordinates disaster recovery efforts, supports service providers and case managers in assessing the needs of impacted survivors, identifies available resources, analyzes and provides information identifying gaps in services, and advocates for timely resolutions to evolving issues for those with disaster-related or disaster aggravated unmet needs.

What type of relief does your organization provide? Please mark all that apply:

- ☐ Preparedness
- ☐ Recovery
- ☐ Case Management
- ☐ Volunteer Management
- ☐ Emergency Assistance
- ☐ Mitigation
- ☐ Support Services to Local Agencies
- ☐ Outreach, Information, Referral
- ☐ Emotional/Spiritual Care
- ☐ Animal and Pet Services
- ☐ Donations Management
- ☐ Legal Services
- ☐ Other (please specify):

Does your organization have voluntary membership and constituencies? ☐ Yes ☐ No

Is your organization audited annually? ☐ Yes ☐ No ☐ N/A ☐ N/A

Does your organization have established fundraising policies? ☐ Yes ☐ No ☐ N/A

If you responded "No" or "N/A" to any of the above questions, please explain.

CONDITIONS OF MEMBERSHIP

Each member organization or individual shall:

- Sign and adhere to the St. Lucie Disaster Recovery Coalition Membership Agreement.
- Actively participate in coalition meetings, initiatives, and committees.
- Provide timely and accurate reporting of any resources, services, or support offered to the coalition.

MEMBERSHIP REPRESENTATIVE INFORMATION

Who will represent your organization and serve as the main point of contact for the St. Lucie Disaster Recovery Coalition:

Title:

Mailing Address:

Cell Phone: Work Phone:

Email:

SECONDARY POINT OF CONTACT:

Title:

Mailing Address:

Cell Phone: Work Phone:

Email:

SIGNATURES

I certify that the information provided in this form is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in penalties or other consequences.

Name:

Signature: Date: