

Cumberland Disaster Recovery Coalition

Coalition Membership Application

Agency (or Individual's) Name: _____

Primary Point of Contact Name: _____

Agency (or Individual's) Phone Number: _____

Agency (or Individual's) Email: _____

Agency Website: _____

Our agency is a partner in fulfilling the mission of **Cumberland Disaster Recovery Coalition (CDRC)** to assess unmet needs and provide Cumberland County residents access, coordination and education of available resources in a long-term disaster caused recovery.

We desire to be a member of the coalition because we (check all that apply)

- Serve Cumberland County residents following a disaster.
- Are committed to mission and vision of the CDRC.
- Understand that the Cumberland Disaster Recovery *Coalition* meeting is a place where we can both share and glean information, resources, expertise, and volunteers.
- Serve residents respectfully without discrimination based upon marital status, race, gender, gender identity, language, disability, religion, sexual orientation, nationality, or any other similar basis.
- Will have an agency representative attend the coalition meetings frequently.
 - We understand that when voting each agency has one vote regardless of how many persons are in attendance from our group.
 - We understand that if we do have a representative from our organization attend meetings for one year we may need to reapply for membership.

Signature: _____ Date: _____

CDRC Commitment to Agencies:

We will keep member agencies informed of meeting dates and locations as well as send out minutes of meetings. All coalition meetings are open to the public.

Form Approved January 11, 2019 by the CDRC Board