



# Tallapoosa-Coosa VOAD Membership Form

## Agency/Organization Information *(if applicable; individuals may skip to the next section)*

Organization  
Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

## Primary Contact

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

## Alternate Contact *(if applicable)*

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Email \_\_\_\_\_

TC VOAD has my permission to email and/or text me information related to activities of VOAD and/or disaster response needs?  YES  NO

Is your agency/organization a 501(c)(3)?  YES  NO

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### ***For admin purposes:***

\_\_\_\_ First Responder (\$0 membership)    \_\_\_\_ Individual    \_\_\_\_ Organization

Paid \$25 \_\_\_\_ Cash    \_\_\_\_ Check    \_\_\_\_ Credit    Initials \_\_\_\_    Date \_\_\_\_\_

All payments are processed through the Lake Martin Area United Way and placed into a designated TC VOAD account. **Please make CHECKS payable to Lake Martin Area United Way with TC VOAD in the Memo Line.**

Please send completed form and payment to: TC VOAD c/o Lake Martin Area United Way  
P.O. Box 876, Alexander City, AL 35011 or email to [Tallapoosacoosa.voad@gmail.com](mailto:Tallapoosacoosa.voad@gmail.com)