



## Membership Application

Name of Faith Based Organization \_\_\_\_\_  
\_\_\_\_\_

### 1) Contact information for Organization

Contact Person or Person who will represent your Organization

- Name \_\_\_\_\_
- Address \_\_\_\_\_
- Email \_\_\_\_\_
- Phone number \_\_\_\_\_
- Cell phone \_\_\_\_\_

Alternate Contact

- Name \_\_\_\_\_
- Address \_\_\_\_\_
- Email \_\_\_\_\_
- Phone number \_\_\_\_\_
- Cell phone \_\_\_\_\_

### 2) National affiliation (in the area of Emergency/Disaster Response if this applies)

\_\_\_\_\_

### 3) Role of Agency in an Emergency and/ or Disaster

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4) Location \_\_\_\_\_

Please mail completed application and \$25 registration fee ( made payable to Network of Religious Communities with DRIN written on memo line) to:

Stan Bratton  
Registrar DRIN of WNY  
1275 Delaware Ave.  
Buffalo, NY 14209

