

**La Crosse Area Volunteer Organizations
Active in Disasters
Membership Application**

(Fax back to Dan Schreiter – 608.781.7517)

Organization Information

(Services: _____)

Organization Name _____

Street Address Street City State Zip Code

Mailing Address Street City State Zip Code

Office Phone 24 hour emergency phone Fax

Website Email

Membership category (Check only one)

Associate (Government)

Regular (non-profit)

Affiliate (Business, Other)

Contact Information

1. Primary Contact _____
Last Name First Name

Street Address _____

Emergency Phone Home Phone Work Phone

Cell Phone Fax Email

2. Secondary Contact _____
Last Name First Name

Street Address _____

Emergency Phone Home Phone Work Phone

Cell Phone Fax Email