

# Collaborating Agencies Responding to Disaster

**Primary Contact**

**Backup Contact**

_____	<i>name</i>
_____	<i>agency</i>
_____	<i>address</i>
_____	_____
_____	<i>phone</i>
_____	<i>fax</i>
_____	<i>pager</i>
_____	<i>after hours</i>
_____	<i>e-mail</i>
_____	<i>URL</i>
_____	<i>other</i>

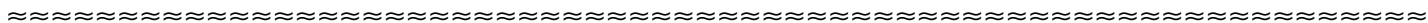
**Please mark your areas of interest / communities of services:**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Abused Women & Children      | <input type="checkbox"/> Commodities         | <input type="checkbox"/> Information Services     | <input type="checkbox"/> Shelter/Housing      |
| <input type="checkbox"/> Advocacy                     | <input type="checkbox"/> Communication       | <input type="checkbox"/> Low Income/ Poor         | <input type="checkbox"/> Non-English Speakers |
| <input type="checkbox"/> Alcohol/ Drug/ Chemical Dep. | <input type="checkbox"/> Homeless Services   | <input type="checkbox"/> Mental Health            | _____   |
| <input type="checkbox"/> Animal Services              | <input type="checkbox"/> Health/Medical      | <input type="checkbox"/> People with Disabilities | _____   |
| <input type="checkbox"/> Children & Youth             | <input type="checkbox"/> Immigrants/Refugees | <input type="checkbox"/> Seniors/ elderly         | _____   |

**Suggested Dues (determined by annual budget)\*:**

- |  |       |
|--|-------|
| <input type="checkbox"/> (\$0-\$349,000)       | \$100 |
| <input type="checkbox"/> (\$350,000-\$699,000) | \$200 |
| <input type="checkbox"/> (\$700,000 and over)  | \$300 |

\*If dues are a significant obstacle to becoming a member of CARD, please give us a call.



Agency Name:	_____
Amount of Dues:	\$ _____
Additional donation to CARD:	\$ _____
<b><u>TOTAL AMOUNT OF CHECK ENCLOSED:</u></b>	<b>\$ _____</b>