



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

