

WICHITA FALLS AREA DISASTER RECOVERY COMMITTEE
Membership Application

I/We have read, understand and support the Vision, Mission, Objectives and Code of Ethics of the *Wichita Falls Area Disaster Recovery Committee* (hereafter *WFADRC*). I/We agree to collaborate, cooperate, and coordinate with the Committee and other Members of the Committee to achieve the Committee's Vision, Mission and Objectives. I/We are authorized to represent the following organization as its representatives to the *WFADRC*.

Name of Organization: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Web Address: _____

Primary Representative:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Numbers:

Business:	Home:	Cell
_____	_____	_____

Email: _____

Signature: _____ Date: _____

Alternate Representative:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone Numbers:

Business:	Home:	Cell
_____	_____	_____

Email: _____

Signature: _____ Date: _____

Include signed copies of the *Wichita Falls Area Disaster Recovery Committee* "Conflict of Interest" and "Code of Ethics" forms with this application.