

Association of Minnesota Emergency Managers (AMEM)

2007 Membership Dues

Name: _____

Emergency Mgmt Job Title (Director, Deputy, Coordinator, Other):

Other Major/Additional Duties (Sheriff, Police Chief, Fire Chief, etc.):

Organization/Agency: _____

Street/PO Address: _____

City: _____

State: _____ Zip Code: _____

Work Phone: _____ Fax: _____

Home Phone (optional): _____

Cell Phone: _____ Pager: _____

Email Address: _____

Membership Category (Please Check One):

_____ Regular (EM Director/Deputy Director/Coordinator) \$100

_____ Associate (Other EM Professional/Industrial Vendor) \$35

_____ Life Member (Membership Fee Waived)

_____ HSEM Staff (Membership Fee Waived)

Please return this form with check (made payable to "AMEM") to: Jim Halstrom, AMEM Executive Director, Chisago County Emergency Management, 38794 Sixth Ave., North Branch, MN 55056