

**AAEM ANNUAL MEMBERSHIP DUES  
STATE AND COUNTY EMA OFFICES**

**Date:** \_\_\_\_\_

**For: Membership Year 2009-2010** (October 1, 2009 – September 30, 2010)

**Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Email:** \_\_\_\_\_  Delegate or  Associate

**Original Date Joined AAEM:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Email:** \_\_\_\_\_  Delegate or  Associate

**Original Date Joined AAEM:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Email:** \_\_\_\_\_  Delegate or  Associate

**Original Date Joined AAEM:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Email:** \_\_\_\_\_  Delegate or  Associate

**Original Date Joined AAEM:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Email:** \_\_\_\_\_  Delegate or  Associate

**Original Date Joined AAEM:** \_\_\_\_\_

**Total Amount Enclosed:** \$ \_\_\_\_\_

*\$50 per each Delegate*

*\$10 per each Associate*

Please make check payable to:

**AAEM  
100 N. Jackson Street  
Montgomery, AL 36104**