

**AAEM ANNUAL MEMBERSHIP DUES
GOVERNMENT OFFICES**

Date: _____

For: Membership Year 2024

(January 1 – December 31, 2024)

Organization: _____

Mailing Address: _____

Telephone Number: _____ **Fax:** _____

Name: _____ **Position:** _____

Email: _____ Individual or Associate

Name: _____ **Position:** _____

Email: _____ Individual or Associate

Name: _____ **Position:** _____

Email: _____ Individual or Associate

Name: _____ **Position:** _____

Email: _____ Individual or Associate

Name: _____ **Position:** _____

Email: _____ Individual or Associate

Total Amount Enclosed: \$ _____

*\$50 per each Individual**

\$25 per each Associate

Please make check payable to:

AAEM

P.O. Box 5040

Montgomery, AL 36103

* **Please Note:** Individual membership is defined as an individual professionally engaged in directing, planning, administrating, or coordinating the activities of Emergency Management for the Federal, State, County, City, or Township Government in the State of Alabama.