

**AAEM ANNUAL MEMBERSHIP DUES
NON-GOVERNMENT**

Date: _____

For: Membership Year 2024

(January 1 – December 31, 2024)

Organization/School: _____

Mailing Address: _____

Telephone Number: _____ **Fax:** _____

Name: _____ **Position:** _____

Email: _____ Associate or Student

Name: _____ **Position:** _____

Email: _____ Associate or Student

Name: _____ **Position:** _____

Email: _____ Associate or Student

Name: _____ **Position:** _____

Email: _____ Associate or Student

Name: _____ **Position:** _____

Email: _____ Associate or Student

Total Amount Enclosed: \$ _____

\$25 per each Associate

*\$25 per each Student**

Please make check payable to:

AAEM

P.O. Box 5040

Montgomery, AL 36103

* **Please Note:** Student membership is available to those who are enrolled full-time in an emergency management program.