



## EMERGENCY MANAGEMENT ASSOCIATION OF OHIO

# *Affiliate Membership Application*

### **Affiliate Membership**

**\$150**

#### **Affiliate Membership Qualifications:**

- Must be an individual active in Emergency Management
  - *Affiliate Members can register other members of their organization/agency for an additional \$25 per person.* **\$25**

#### **Examples of Affiliate Members:**

- Hospital Emergency Management employee
- A United States Armed Forces employee
- A Public Health employee

#### **Affiliate Membership Benefits:**

- Opportunity to speak and participate in Association meetings
- Invitation to attend all Association conferences
- Invitation to participate in the Association's Legislative Day

**Applicant Name:**

**Applicant Title:**

**Business/Organization Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**Fax:**

**Cell:**

**Email:**

*Additional Applicant Name:*

*Additional Applicant Title:*

*Phone:*

*Cell:*

*Email:*

**Please remit application and payment payable to:**

Emergency Management Association of Ohio  
88 East Broad Street, Suite 1305  
Columbus, OH 43215

**For questions, please contact:**

Kelly Barr  
Kelly@fitzgibbongroup.com  
(614) 560-3733