



MAEMP MEMBERSHIP APPLICATION

Massachusetts Association of Emergency Management Professionals

Mail Applications To:
MAEMP
P.O. Box 1662
Gloucester, MA 01930
membership@maaemp.org

About MAEMP

Massachusetts Association of Emergency Management Professionals (MAEMP) is a statewide association of emergency managers, emergency responders, government agencies, elected officials, and providers of products, services, or resources who are committed to building strong partnerships to minimize the impacts of disasters on the citizens and communities of Massachusetts.

MAEMP promotes the efforts of Massachusetts communities to plan for all natural and human caused hazards through improved mitigation, preparedness, response, and recovery capabilities. Our members are passionate about their profession and about protecting their communities.

Membership Categories and Rates

INDIVIDUAL RATES

Professional (\$25) For professionals working in agencies or other environments, such as like-minded non-profit organizations, universities, colleges, military base installations, consultants, and hospitals or health clinics.

Associate/Student (\$15) For full or part-time students studying emergency management or criminal justice curricula; not simultaneously employed as a full-time professional in that field.

SPECIAL PACKAGES

Organizational (\$75) Includes up to four professional members working in agencies or other environments such as: universities, colleges, military base installations, hospitals, health clinics and not-for-profits and consultants.



MAEMP MEMBERSHIP APPLICATION

1: CONTACT INFORMATION

Primary Contact Information

Prefix _____ First Name _____ Middle Initial _____ Last Name _____ Suffix _____

Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

MEMA Region: 1 2 3 4

Occupation (select one):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Emergency Management Professional | <input type="checkbox"/> Consultant | <input type="checkbox"/> Non-Profit Service Provider | <input type="checkbox"/> Student |
| <input type="checkbox"/> Armed Forces | <input type="checkbox"/> Retired Professional | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Supplier |
| <input type="checkbox"/> Citizen/Civic Leader | <input type="checkbox"/> Educator/Researcher | <input type="checkbox"/> Facility Management | <input type="checkbox"/> Public Health |

Jurisdiction type or entity that your organization represents (select one):

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Federal Government | <input type="checkbox"/> Higher Education | <input type="checkbox"/> Not-for-Profit |
| <input type="checkbox"/> State Government | <input type="checkbox"/> Military | <input type="checkbox"/> Commercial/Private | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Regional/Metro Authority | <input type="checkbox"/> Local School District | <input type="checkbox"/> Tribal | <input type="checkbox"/> Utility |

Communication Preferences

MAEMP makes available its members' addresses (excluding telephone and email) to vendors who provide products and services to the emergency management community. Please check here if you prefer not to be included in these lists.

Exclude from list

2: MEMBERSHIP CATEGORY SELECTION

INDIVIDUAL RATES

- Professional Associate/Student Organizational

⁺Submit a copy of one of the following with application: an original letter on the institution's letterhead signed by any qualified representative from your university program, student ID with valid dates, or a current transcript.

⁺⁺Submit a copy of driver's license or government issued ID noting birth date along with application.

3: SUMMARY AND PAYMENT

Full payment require for processing.

Forms received without payment

will be returned.

**Please make checks payable to: Massachusetts Association of
Emergency Management Professionals (MAEMP)**

Credit Card: VISA Master Card American Express
 Discover PayPal

Credit Card Number: _____

Expiration Date: _____ **Security Code:** _____

Name on Card: _____

Signature: _____

Total Amount \$ _____