



## Membership Application

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Company Website: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**Please summarize the services your company offers:**

**Please check the following committees you are interested in serving:**

- Science & Governmental Affairs Committee
- Scholarship Committee
- Membership Development Committee
- Communications Committee
- Events Committee

**Payment Options** (Payments must be made in full prior to application being presented)

Credit Card: \_\_\_\_\_ Exp.: \_\_\_\_\_

Check No.: \_\_\_\_\_ ANNUAL DUES : \$295

**Communications Agreement:**

*By submitting this application, I consent that the EMA may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership. All pending membership applications are posted to [www.emaweb.org](http://www.emaweb.org) as prescribed in the Association bylaws. Membership applications are subject to EMA Board of Directors approval.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail completed membership applications to**

**38575 Mallast, Harrison Twp., MI 48045**