

Metropolitan Emergency Managers Association
10 W 95 St
Bloomington, MN 55420



INVOICE

JANUARY 1, 2027

AGENCY:

INSTRUCTIONS

Print and complete this invoice. **You are required to fill out your membership/organization details below.** Mail your completed invoice with a check to the address above.

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Individual Membership	_____ x	\$50.00	= _____
Member Name: _____ Email: _____			
Organizational Membership*	_____ x	\$125.00	= _____
Organization Name: _____			
Member 1 Name: _____ Email: _____			
Member 2 Name: _____ Email: _____			
Member 3 Name: _____ Email: _____			
Additional Organization Membership**	_____ x	\$35.00	= _____
Member 4 Name: _____ Email: _____			
Member 5 Name: _____ Email: _____			
Member 6 Name: _____ Email: _____			
Student/Retiree Membership	_____ x	\$25.00	= _____
Member Name: _____ Email: _____			
TOTAL AMOUNT DUE: _____			(Check Attached)

Thank you for your business!

*An Organizational Membership provides membership for three people in an organization at a cost savings.

**Organizations that have already paid for three members at the Organizational Membership rate may add any number of Additional Organization Memberships at this discounted rate.