

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



**INVOICE** **JANUARY 1, 2023**

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
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**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.