

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



INVOICE **JANUARY 1, 2024**

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.