

Maine Association of Local Emergency Managers **2018 Application for New Members**

Please completely fill out this form below

Full Name:				
Employer:				
Title:				
Employer Addres	SS:			
City:		5	State:	Zip
Phone (Office):		F	ax:	
Home Address:				
City:		5	State:	Zip:
Phone (Home):	: Cell Phone:			
E-Mail:				
		ving on a Committee: (Pleas		
Return this Completed Form with Membership Dues Payment To: MALEM, 4 Public Safety Way, Belfast, ME 04915				
Please ı	make a copy of thi	s form for your records and	send original wit	h payment.
Maine Association of Local Emergency Managers			Amount Due: _	\$25.00
Membership Dues runs January 1, 2018 to December 31, 2018			Amount Paid: _	
Questions: Call	(207) 338-3870		Date Mailed: _	
			Check #: _	

Please note that the membership follows the individual. Therefore, if employment changes to another employer, the individual will continue to be a member at their new location. Memberships cannot be transferred.