



# Arkansas Emergency Management Association

---

## Membership Application

---

**ORGANIZATION**

---

**NAME**

**TITLE**

---

**ADDRESS**

---

**CITY**

**STATE**

**ZIP**

---

**TELEPHONE**

**E-MAIL**

- Active Member**      **\$30.00**
- Associate Member**      **\$20.00**
- Corporate Member**      **\$50.00**

**MAKE CHECK PAYABLE TO AEMA:**

AEMA Membership c/o Shelia Magness  
PO Box 578  
Star City, AR. 71667  
Office: 870-628-5595 / Fax: 870-628-5749  
[LincolnCo.LEMC@adem.arkansas.gov](mailto:LincolnCo.LEMC@adem.arkansas.gov)