NYSEMA INVOICE

NEW YORK STATE EMERGENCY MANAGEMENT ASSOCIATION

c/o R.L. SPRAGUE, TREAS.

85 GENEVA STREET BATH, NEW YORK 14810 (607) 962-7021-OFFICE (607) 962-3313-FAX PAYMENT IS DUE UPON RECEIPT REMIT PAYMENT TO ADDRESS ON LEFT

DATE: DECEMBER 20, 2013

BILL TO

REMITTANCE
Statement #

Amount Due

Amount Enclosed

Date

COMMENTS

DUES ARE \$50.00 PER MEMBER. PLEASE SUBMIT A SEPARATE MEMBERSHIP APPLICATION FORM FOR EACH MEMBER.

DATE	DESCRIPTION			BALANCE	AMOUNT
	2013 MEMBERSHIP DUES TO THE NEW YORK STATE EMERGENCY MANAGEMENT ASSOCIATION				
	\$50.00 PER MEMBER:				
	MEMBER NAME(S):				
	1-30 DAYS	31-60 DAYS	61-90 DAYS	OVER 90 DAYS	
CURRENT	PAST DUE	PAST DUE	PAST DUE	PAST DUE	AMOUNT DUE

NEW YORK STATE EMERGENCY MANAGEMENT ASSOCIATION 2010 MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT INFORMATION

(One form per member - photocopy as needed)

Membership Year: Date of Application: Applicant Name: County/Town/Village/ City/Agency Work Address: Email-Address: Telephone #s: Office: Cell#: YEAR JOINED NYSEMA: # of Years affiliated with NYSEMA: Return completed form to Ramona L. Sprague, Treasurer New York State Emergency Management Association 85 Geneva Street Bath, NY 14810 For Office Use Only Date Application: Date Membership Card Malled: Date Membership Card Malled:	MEMBERSHIP DUES:	\$50.00 PER APPLICANT		
Applicant Name:	Membership Year:	January 1 – December 31, 2013		
County/Town/Village/ City/Agency Work Address: Email-Address: Telephone #s: Office: Fax: Cell#: YEAR JOINED NYSEMA: # of Years affiliated with NYSEMA: Return completed form to Ramona L. Sprague, Treasurer New York State Emergency Management Association 85 Geneva Street Bath, NY 14810 For Office Use Only Date Application Received: Date Dues Received:	Date of Application:			
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Date Dues Received:	For Office Use Only			
Date Membershin (and Mailed:				
Membership Type: Full Associate	·			