

**NEW YORK STATE EMERGENCY MANAGEMENT ASSOCIATION**

DATE: DECEMBER 20, 2013

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

**BILL TO**

**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<br>NEW YORK STATE EMERGENCY MANAGEMENT ASSOCIATION<br>\$50.00 PER MEMBER:<br>MEMBER NAME(S): |                            |                            |                              |                   |        |
| <b>CURRENT</b> | <b>1-30 DAYS PAST DUE</b>  | <b>31-60 DAYS PAST DUE</b> | <b>61-90 DAYS PAST DUE</b> | <b>OVER 90 DAYS PAST DUE</b> | <b>AMOUNT DUE</b> |        |
|                |  |                            |                            |                              |                   |        |

|                        |
|------------------------|
| <b>REMITTANCE</b>      |
| <i>Statement #</i>     |
| <i>Date</i>            |
| <i>Amount Due</i>      |
| <i>Amount Enclosed</i> |

**NEW YORK STATE EMERGENCY MANAGEMENT ASSOCIATION  
2010 MEMBERSHIP APPLICATION**

**PLEASE TYPE OR PRINT INFORMATION**

(One form per member - photocopy as needed)

**MEMBERSHIP DUES: \$50.00 PER APPLICANT**

**Membership Year: January 1 – December 31, 2013**

Date of Application: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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**For Office Use Only**

Date Application Received: \_\_\_\_\_

Date Dues Received: \_\_\_\_\_

Date Membership Card Mailed: \_\_\_\_\_

Membership Type: Full \_\_\_\_\_ Associate \_\_\_\_\_