



METROPOLITAN EMERGENCY MANAGERS COMMITTEE

Mid-America Regional Council
600 Broadway, Suite 300
Kansas City, MO 64105
Phone: 816.474.4240 Fax: 816.421.7758

AFFILIATE MEMBERSHIP APPLICATION

Date: _____

Company / Agency Name: _____

Mailing Address (number, street or PO Box): _____

City, State, Zip Code: _____

County: _____ Main Phone Number _____

Please explain which of the following categories best describes your company/agency scope of work and interest in emergency management and why membership in the MEMC would be of benefit:

Construction, Engineering, Health/Medical, Insurance/Risk Management, Media,
Resource & Mitigation, Transportation, Utilities

Primary Contact Name: _____ Title _____

Primary Contact Address (if different from above): _____

City, State, Zip Code: _____

Phone: _____ E-mail: _____

Alternate Contact Name: _____ Title _____

Primary Contact Address (if different from above): _____

City, State, Zip Code: _____

Phone: _____ E-mail: _____

***Affiliate membership in the Metropolitan Emergency Managers Committee
is subject to the adopted by-laws of the MEMC as amended.***

Please fax the completed form to Julie Alt at 816-421-7758.