

Membership Registration Form

Name _____

Title _____

Agency _____

Mailing Address _____

City _____ St _____ Zip _____

Phone _____ Fax _____

Email _____

Active Membership Fee: \$ 25.00

Associate Membership Fee: \$ 5.00

Corporate Membership Fee: \$100.00

Non-Profit / Volunteer Emergency Response Groups
Membership Fee: \$ 75.00

Payment Method: Check enclosed

Invoice me PO# _____

Complete above application and mail to:

(Checks are made payable to :)

**MCDEMA
4080 US Hwy 11
Hattiesburg, MS 39402**

Fed. TIN 640364063

State Vendor # V001547630

I am interested in serving on a Committee

I would like to have my District Representative contact me for further information