



# EMAT

## Membership Application

Name: \_\_\_\_\_ (Recommended by) \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Your Position: \_\_\_\_\_

<u>Membership Categories</u>	<u>Dues</u>
Delegate (Voting Member)	\$100.00
Corporate (One Vote Per Corp)	\$350.00
Government/Non-profit (Non-Voting)	\$250.00
Student (Non-Voting)	\$ 30.00

Your T-shirt size (S, M, L, XL, XXL): \_\_\_\_\_

Make Check Payable to: **EMAT**

### Mail Check and Application to:

Emergency Management Association of Texas (EMAT)  
2525 Wallingwood Dr., Bldg. 13A  
Austin, TX 78746

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2525 Wallingwood Dr., Bldg. 13A

Austin, TX 78746

**(877) 306-EMAT Fax: (512) 329-8943**

[www.emat-tx.org](http://www.emat-tx.org)