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2024 AEMS Membership – Individual Supporting

Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

EMS Title / Position: _____

☐ Check if you prefer to be listed as an Anonymous Supporter

Membership Contribution

Please check your contribution level:

☐ \$100 ☐ \$75 ☐ \$50 ☐ \$25 Other: _____

Payment

Total Amount enclosed: Membership Contribution \$ _____

Make checks payable AEMS OR provide credit card information and return form to:

P.O. Box 19027 ♦ Fountain Hills, AZ 85269 ♦ FAX: 480-542-6481 ♦ pbaker@aems.org

Credit Card Information:

Circle one: Visa MasterCard Discover Number: _____

Name on Credit Card: _____ Expiration Date: _____ Security Code: _____

You may also pay online at: <https://aems.org/donate>

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No goods or services are provided by AEMS in exchange for a contribution.*

THANK YOU FOR YOUR CONTRIBUTION AND SUPPORT!