



Membership Application

- I am a new member.
- I am a renewing member.

Organization Name: _____

Full Name: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Please circle your selected membership level.

Membership Level	Standard Dues Rate	After June 1st Rate
Platinum Corporate (Unlimited Members)	\$10,000 US	\$10,000 US
Gold Corporate (4 Individual Members)	\$5,000 US	\$4,125 US
Silver Corporate (3 Individual Members)	\$3,000 US	\$2,400 US
Bronze Corporate (3 Individual Members)	\$1,750 US	\$875 US
Green Individual	\$695 US	\$347 US
Blue Individual (non-profit, academic, government)	\$150 US	\$75 US

Additional Member

Full Name: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Additional Member

Full Name: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Payment

Check: _____ Credit Card: American Express Mastercard Visa

Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____ Date: _____

Mail form to EMA: 750 National Press Building, Washington, DC 20045 or Fax form to: 202.223.9741



Additional Member

Full Name: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Additional Member

Full Name: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Additional Member

Full Name: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Additional Member

Full Name: _____ Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____ Email: _____