



NATIONAL ALLIANCE OF STATE ANIMAL AND AGRICULTURAL EMERGENCY PROGRAMS
2010 MEMBERSHIP APPLICATION

MEMBERSHIP CATEGORIES (SELECT ONE):

State/US Territory Group Membership \$250.00/year membership fee. Voting membership status. Requires approval of applying state EMA Director and Chief Animal Health Official.	Local Programs Group Membership \$50.00/year membership fee. Non-voting membership status.
National Programs Group Membership \$250.00/year membership. Non-profits and other national NGOs. Non-voting membership status.	Corporate Partners Group Membership \$1,000.00/year membership. Non-voting membership status.
Individual Membership \$25.00/year membership fee. Non-voting membership. Members may come from state or local programs, VOADS, and the general public.	Federal Planning Partner Membership No annual membership fee. Non-voting membership status.

ORGANIZATIONAL INFORMATION (not required for individual membership):

Name*:

Mailing Address*:

City*:

State/U.S. Territory*:

Zip Code*:

-

Phone Number*:
(10 numbers, no spaces or symbols)

Fax Number*:
(10 numbers, no spaces or symbols)

E-mail address:

APPLICANT INFORMATION:

Name*:

Position/Title:

Mailing Address*:

City*:

State/U.S. Territory*:

Zip Code*:

-

Phone Number*:
(10 numbers, no spaces or symbols)

E-mail address*:

X

Applicant Signature

_____/_____/_____
Date

*indicates required information

THIS SECTION IS ONLY REQUIRED FOR CERTIFICATION OF STATE/U.S. TERRITORY MEMBERSHIP CATEGORY

We hereby jointly approve the appointment of _____ of _____
(insert applicant name) (insert State or Territory Name)
 as the State/Jurisdiction Voting Member for the State/Jurisdiction of _____
(insert State or Territory Name) to the National Alliance of
 State and Agricultural Emergency Programs.

Name

Name

Title

Title

X _____ / /
 EMA Director Signature Date

X _____ / /
 Chief Animal Health Official Signature Date

After completing all required fields in the application:

1. Print and sign form(s).
2. If paying by check, apply appropriate membership fee and make check payable to NASAAEP.
3. If paying by credit card (processed through PayPal), complete the following:

Credit Card type:

Authorized name on credit card:

Credit card number:

CVC number (three or four digit number):

Credit card expiration date (month/year): /

Credit card holder signature and date:

X _____ / /
 Card Holder Signature Date

4. Mail completed application (and check, if applicable) to:
 NASAAEP
 P.O. Box 3546
 Pflugerville, TX 78691

If you have any questions regarding completion of the application, please contact the Membership Committee at membership@nasaap.org.

For office use only:

Date received: _____ Membership Type: _____

Payment Type: check credit card Check number: _____

Credit card approved: yes no

Membership approved: _____ Date approved: _____

Membership number: _____ Application processed by: _____