

**APPLICATION FOR MEMBERSHIP**



Check One:

- Voting Membership (\$50/year)
- Associate Membership (\$50/year)

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PARISH/COUNTY/CITY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**Send application to:**  
ARK-LA-TEX EMERGENCY MANAGEMENT ALLIANCE  
P.O. Box 192  
Shreveport, LA 71161-0192  
Phone: (318) 425-5351  
Fax: (318) 425-5940  
E-mail: [lpolak@networktel.net](mailto:lpolak@networktel.net)