



## EMMR MEMBERSHIP APPLICATION

This is a fillable form PDF. Please fill in the highlighted areas as applicable, print the form, and mail this completed application along with your check to EMMR by US Mail.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Lifetime Membership Fee \$200 \_\_\_\_\_

Permanent Life Member Card, Life Member Pin, Newsletter, more...

Annual Membership Fee \$20 \_\_\_\_\_

Member Card, Newsletter, more...

Building Fund Contribution \_\_\_\_\_

Total amount Enclosed: \_\_\_\_\_

Print this completed form and mail with your check to:

**EMMR**

**PO Box 688**

**Mechanicsburg, PA 17055**

Please make checks payable to: EMMR

Thank You.

Your membership materials will arrive by mail in a few weeks.