



EMMR Membership Application

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

Today's Date: _____ Year Paying For: _____

New Membership Renewal

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Spouse's Name: _____

How would you like to receive your newsletter: Email US Mail

Lifetime Membership (Permanent Life Membership Card, Lifetime Member Pin & Newsletter)	\$200
Annual Membership (Membership Card, Newsletter)	\$20
Building Fund Contribution	\$ _____
Total Amount Enclosed: (please make checks payable to: EMMR)	

Print this completed form and mail with your check to:
EMMR, PO BOX 688, Mechanicsburg, PA 17055

Thank you for your membership! Your membership materials will arrive via US Mail in a few weeks!