



# APPLICATION FOR CERTIFICATION

NAME(LAST, FIRST, MI): \_\_\_\_\_

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

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

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

PHONE: \_\_\_\_\_

**AFFILIATED EMERGENCY MANAGEMENT AGENCY:**

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

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

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

EXPERIENCE; START DATE: \_\_\_\_\_ EMPLOYEE: \_\_\_\_\_ VOLUNTEER: \_\_\_\_\_

**CERTIFICATION FEE:**

- CURRENT ND EMERGENCY MANAGEMENT ASSOCIATION MEMBER  
OR
- \$30.00 CHECK ENCLOSED WITH MEMBERSHIP APPLICATION

***DOCUMENTATION: APPLICANT MUST PROVIDE PHOTOCOPIES OR TRANSCRIPTS OF COURSE CERTIFICATES WITH THIS APPLICATION OR IT WILL BE RETURNED UNTIL ALL DOCUMENTATION IS PROVIDED.***

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ALL INCLUDED DOCUMENTS ARE TRUE AND CORRECT COPIES OF THE ORIGINAL.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

MAIL APPLICATION TO: Denise Brew; 205 Owens Street; Manning, ND 58642  
OR EMAIL TO: NDEMASSOC@GMAIL.COM