



## 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: \_\_\_\_\_

START DATE AT THIS DEPARTMENT: \_\_\_\_\_ PAID EMPLOYEE \_\_\_\_\_ VOLUNTEER: \_\_\_\_\_

LIST OTHER EMERGENCY MANAGEMENT EMPLOYMENT WITH RESPECTIVE YEARS OF EXPERIENCE:

\_\_\_\_\_

### **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: SARAH VANDEVELDE 205 6TH STREET SE JAMESTOWN ND 58401

OR EMAIL TO: NDEMASSOC@GMAIL.COM