



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 (MUST INCLUDE A COPY OF THE MEMBERSHIP FORM ALREADY SUBMITTED TO THE SECRETARY OF THE ASSOCIATION)
OR
___ PROPER DUES INCLUDED 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 ENCLOSED DOCUMENTS ARE TRUE AND CORRECT COPIES OF THE ORIGINAL.

APPLICANT SIGNATURE

DATE

EMAIL APPLICATION AND ASSOCIATED DOCUMENTS TO: NDEMASSOC@GMAIL.COM
MAIL TO: Denise Brew 205 Owens St, Manning, ND 58642