



P.O. Box 19027 ♦ Fountain Hills, AZ 85269
Phone: 623-847-4100 • FAX: 480-542-6481
Email: info@aems.org ♦ Website: www.aems.org

AEMS Membership – Individual Supporting

Name: _____ Date: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

EMS Title / Position: _____

Check if you prefer to be listed as an Anonymous Supporter

Membership Contribution

Please check your contribution level:

\$100 \$75 \$50 \$25 Other: _____

Payment

Total Amount enclosed: Membership Contribution \$ _____

Make checks payable AEMS OR provide credit card information and return form to:

P.O. Box 19027 ♦ Fountain Hills, AZ 85269 ♦ FAX: 480-542-6481 ♦ pbaker@aems.org

Credit Card Information:

Check one: Visa MasterCard Discover AMEX

Card Number: _____

Name on Credit Card: _____ Expiration Date: _____ Security Code: _____

You may also pay online at: <https://aems.org/donate>

*AEMS is a 501(c) (3) non-profit organization. Donations to AEMS are tax deductible to the extent allowed by law.
No goods or services are provided by AEMS in exchange for a contribution.*

THANK YOU FOR YOUR CONTRIBUTION AND SUPPORT!