

Minnesota Emergency Communications Team

Membership Application

- New
 Renew
 Previous Member

Name

Please Note My New Address

Address

City _____, State _____ Zip _____

Date of Birth _____ (required to qualify for senior rate dues)

Email _____

Licensed Unlicensed

Call Sign _____

My Family Member is Joining or Renewing: Yes No (enter family members' full names below)

Name _____ Licensed Unlicensed

Call Sign _____

Name _____ Licensed Unlicensed

Call Sign _____

Your Annual Membership Dues - Indicate Your Choice Below \$ _____ TOTAL

Membership Type	1 Year	2 Years	3 Years	Description
<input type="checkbox"/> Regular	\$15	\$28	\$39	US Members
<input type="checkbox"/> Senior	\$8	\$12	\$16	65 or older residing in the US, provide birth date above
<input type="checkbox"/> Disabled	\$5	\$7	\$10	Blind, physically challenged US residents (provide proof of disability)
<input type="checkbox"/> Family	\$3	\$8	\$12	Reside at the same address as the primary member, Membership dates must correspond with primary member.

Charge to: Visa MasterCard Amex Discover Check

Card Number _____

Expiration Date _____

Mail this completed form to Minnesota Emergency Communications Team, 619 Lafayette Road N., St. Paul, MN 55130

Office: 651-340-0442

Fax: 651-304-1256

E-mail: info@mincomteam.org

Hotline: 952-583-0476