



EMMR MEMBERSHIP APPLICATION

This is a fillable form PDF. Please fill in the highlighted areas as applicable, print the form, and mail this completed application along with your check to EMMR by US Mail.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ email: _____

Spouse's Name: _____

Lifetime Membership Fee \$200 _____

Permanent Life Member Card, Life Member Pin, Newsletter, more...

Annual Membership Fee \$20 _____

Member Card, Newsletter, more...

Building Fund Contribution _____

Total amount Enclosed: _____

Print this completed form and mail with your check to:

EMMR

PO Box 688

Mechanicsburg, PA 17055

Please make checks payable to: EMMR

Thank You.

Your membership materials will arrive by mail in a few weeks.