



AKEMA Membership:

Name: _____

Email: _____

Phone: _____

Cell: _____

Address: _____

Job title: _____

☐

Agree to have your information shared with
other AKEMA members



AKEMA



AKEMA

Work Discipline (Employer):

Hospital: ☐

Emergency Management: ☐

Fire Service: ☐

Law Enforcement: ☐

Other: ☐ _____

Year of experience: _____

Social Media Contact:

LinkedIn: _____

Facebook: _____

Twitter: _____

Other: _____

Population Size Served: _____

Type of membership:

Individual: \$50

Student: \$25

Mail to:

AKEMA

18559 Walrus Circle

Eagle River, AK 99577