



c/o e-Copernicus, 317 Massachusetts Avenue, Washington, DC 20002
Tel. 202.292.4600 • Fax 202.292.4605 • www.aeccoalition.org

Confirmation of Support.

I/We support the mission of the Advanced Emergency Communications Coalition and authorize the Coalition to send information about ongoing activities and to be identified publicly as a member. (For organizations the individual identified hereby certifies that he or she has authority to make this commitment on behalf of the organization.)

(First Name)

(Last Name)

(Organization representing – if any)

(Title)

(Phone)

(Fax)

(Email address)

(CONFIRM Email address)

(Address Line 1)

(Address Line 2)

(City)

(State/Province)

(Zip/Postal Code)

(Country)

(Signature)

(Date signed)

CHECK ONE:

Individual Membership

Organization Membership

PAYMENT:

I pledge a voluntary annual contribution of \$50 (Individual), \$500 (Organization).

Check here if you are a nonprofit or past member of COMCARE and your 2009 membership is FREE.

Check enclosed, payable to “e-Copernicus”

Please invoice me (Purchase Order if needed for invoice: _____)

Please apply amount pledged to my credit card: Visa Mastercard

Account #: _____ Exp: _____

Authorized Signature: _____

E-mail this completed form to join@aeccoalition.org or fax to +1-202-292-4605
c/o e-Copernicus, 317 Massachusetts Avenue, Suite 200, Washington, D.C. 20002 USA
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