



## WYOMING ALL HAZARDS ASSOCIATION

President  
Russ Dalgarn

President-Elect  
LaRae Dobbs, WEM

Secretary  
David King, WEM

Past-President  
Jim Mitchell, WEM

Area 1 (West) Rep.  
Emily Covey

Area 2 (Central) Rep.  
Stacia Hill

Area 3 (East) Rep.  
Jeanine West, WEM

Phone: 307-686-7477

Form revised 5/10/22

# WYOMING ALL HAZARDS ASSOCIATION MEMBERSHIP DUES

*Dues shall be effective from January 1 through December 31 each year*

NAME, TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_ EVENING PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**ACTIVE MEMBER: \$25.00** \_\_\_\_\_

*All individuals professionally engaged in the emergency management field in the State of Wyoming in local, state, and/or federal government, or in the private sector, business and industry shall be eligible for Active Membership. Active members shall be entitled to hold elective office and to participate fully in affairs of the Association WAHA. Each active Member shall have one vote.*

**WAHA Accepts Credit Cards, but we add the \$2.00 Processing fee**

**ASSOCIATE MEMBER: \$25.00** \_\_\_\_\_

*Associate memberships shall include individuals and/or concerned individuals engaged in the manufacture of emergency response apparatus or equipment; and/or individuals or concerns, otherwise interested in emergency response, upon payment of an annual fee, which shall be determined by the executive committee of the Association WAHA. Associate members shall be entitled to participate fully in the affairs of the Association WAHA and may serve as ex-officio members of committees but may not hold office. Associate members do not have voting privileges.*

MEMBERS SIGNATURE: \_\_\_\_\_

Date \_\_\_\_\_

**SEND PAYMENT TO: CAMPBELL COUNTY EMERGENCY MANAGEMENT**  
C/O David King, WAHA Secretary  
500 S. Gillette Avenue, Suite 1100  
Gillette, WY 82716

### METHOD OF PAYMENT

**CASH**

**CHECK #** \_\_\_\_\_ *Personal* *Business*

**PURCHASE ORDER #** \_\_\_\_\_

**CREDIT CARD** **MASTERCARD** **VISA**

**Name On Card** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_

**CVC number (on back of card)** \_\_\_\_\_

**PLEASE PAY FROM THIS STATEMENT. NO INVOICE WILL BE ISSUED.**