



# Illinois Emergency Services Management Association

P.O. Box 99  
Evansville, Illinois 62242  
Phone: 1-217-557-4772

## Membership Sponsor Form

The intent of this form is to provide supplemental information and verification of your membership status in accordance with the IESMA Bylaws and Policy & Procedures. You will still need to register your membership via the IESMA.org website. This form should be utilized to provide documentation to support your membership application to IESMA. IESMA Membership category descriptions are listed when you complete your membership registration via the IESMA website. Delegate members must present their official appointment card, letter of appointment, or this membership form signed and authorized by the Jurisdiction's Chief Elected Official. All other membership categories can submit a letter of sponsorship from a Delegate member or utilize the sponsorship section provided on this form.

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Membership Level: \_\_\_\_\_ \* Membership levels will be vetted for accuracy.

### **Member Sponsorship**

I, \_\_\_\_\_, by my signature hereby sponsor the individual listed above to be a member of the Illinois Emergency Services Management Association in accordance with the association's Constitution & Bylaws and Policy and Procedures.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Jurisdiction or Organization