

The EMR Network

Annual Dues and Contributions

Please print this form.

Please send the form and your check to:

**The EMR Network
P.O. Box 393
Concord, MA 01742**

Thank you for your generous support!

Name: _____

Address: _____

City or Town: _____ State or Province: _____

Telephone: _____ FAX: _____ EMAIL: _____

Local Citizen's Group Concerned with Tower/Antenna Siting: _____

Talents or Skills you can offer: _____

Annual Dues (\$40 per year) _____ Additional Contribution _____

To give by credit card (via PayPal) instead, please go to our web site: www.EMRNetwork.org

Write us a letter in the space below!