



FY18 Membership Information



Organization: _____

Mailing Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Website: _____

Chief Executive: _____ Title: _____

Point of Contact: _____

Title: _____ Email: _____

Mailing Address (if different than above): _____

City/State/Zip: _____

Phone: _____ Fax: _____ Cell: _____

Info provided by: _____ Date: _____

Membership Category (select one)

Individual	\$350		
Retiree	\$170	Major Corporations	\$2,200
Student	\$170	Non-Profit	
Associate (outside of Southeast)	\$170	Single-sited	\$350
Business		State-wide	\$700
Single-sited	\$350	State or Federal Government Agency	\$350
Multi-sited	\$700	Federally-Recognized Tribe	\$350
State-wide	\$1,400	Chamber of Commerce	\$350
Multi-state	\$2,200	Municipality	<i>*contact SEC office for details.</i>

Payment

Amount \$ _____ *(select one)* Check Enclosed Credit Card WE ACCEPT Visa / MC / AmEx / Discover

Card Number: _____ Expiration Date: _____/_____/_____

3-4 digit CVV Code: _____ Statement Zip Code: _____ Date: _____

Authorizer's Name or Signature: _____



Membership Committee Participation

Other individuals who will be representing and participating in
committees on behalf of your organization:

Name: _____ Title: _____

Email: _____ Phone: _____

Receive Email Newsletter? Yes No

Name: _____ Title: _____

Email: _____ Phone: _____

Receive Email Newsletter? Yes No

Name: _____ Title: _____

Email: _____ Phone: _____

Receive Email Newsletter? Yes No

Name: _____ Title: _____

Email: _____ Phone: _____

Receive Email Newsletter? Yes No

Name: _____ Title: _____

Email: _____ Phone: _____

Receive Email Newsletter? Yes No

Committees & Sub-Committees

Please select any committees you would like your organization to participate in and list those names

Energy

Mining

Transportation

Timber

Marine Committee

Visitor

Arts