



# Membership Application

Please type or print all information. Complete this application and mail or fax to SEDA.

Organization: \_\_\_\_\_

Member Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Ph: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

I would like to receive email messages from SEDA and/or AMTA about Events or Activities:  YES  NO  
 I prefer to receive the *Recovery Zone* Newsletter electronically and not a printed and mailed copy.

**SEDA Membership is based on an annual membership from January 1 – December 31 each year. However, if application is received after Oct. 1, membership benefits shall extend to the end of the following calendar year.**

**Membership Classification: Please select the appropriate membership category.**

**DIVISION I:**

- A.** Public Agencies, Industrial Users, and Water Suppliers \$250  
 (includes 1 primary member and 5 additional 1B, 1C or 3B members)  
*list additional members names, job titles, email addresses and other contact information (use additional page if required) – these are required:*  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_
- B.** Certified Water Operator Individual Membership (provide details) \$40  
 State: \_\_\_\_\_ Type: \_\_\_\_\_ Level: \_\_\_\_\_ Certification #: \_\_\_\_\_
- C.** Certified Wastewater Operator Individual Membership (provide details) \$40  
 State: \_\_\_\_\_ Type: \_\_\_\_\_ Level: \_\_\_\_\_ Certification #: \_\_\_\_\_

**DIVISION II:**

- A.** Manufacturers, Suppliers, and Consulting Firms \$400
- B.** Small Firms (Fewer than 5 employees) \$300

**DIVISION III:**

- A.** Individuals, Libraries, Well-wishers, Students \$100
- B.** Affiliate of Division 1A (non-certified operator) \$55
- C.** Affiliate of Division 2A or 2B \$75
- D.** Students (must provide proof) \$25

**Please indicate which committees you would be interested in serving on:**

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Finance     | <input type="checkbox"/> Newsletter             | <input type="checkbox"/> Public Relations    |
| <input type="checkbox"/> Legislative | <input type="checkbox"/> Operator Certification | <input type="checkbox"/> Technology Transfer |
| <input type="checkbox"/> Membership  | <input type="checkbox"/> Program                |  |

- I am interested in running for a position on the SEDA Board of Directors
- I am interested in presenting at a SEDA Symposium, Workshop, or MOC School

Make checks payable to "Southeast Desalting Association" Total Enclosed: \$ \_\_\_\_\_

Check # \_\_\_\_\_  Cash

**To pay using a credit card or by echeck, please process on the SEDA Website:**

<http://www.southeastdesalting.com/membership-application>