



Membership Application

Please type or print all information. Complete this application and mail or email 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

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>