Southeast Conference
Membership Application

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

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:_____

Authorizor's Name or Signature: _____

Southeast Conference PO Box 21989 612 W. Willoughby Ave. Suite B Juneau, AK 99802-1989
www.seconference.org Info: 907-586-4360 Fax: 907-463-5670 info@seconference.org