

## Membership Application

Job Title:   Address:   State/Province:   Postal Code:   Country:   Fax: ( )   E-mail Address:   Website:   Website:   Website:   I would like to receive email messages from SEDA and/or AMTA about Events or Activities:   YES   NC   I prefer to receive the Rewery 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 application is received after Oct. 1, membership benefits shall extend to the end of the following calendar ye Membership Classification: Please select the appropriate membership category.  DIVISION I:   A Public Agencies, Industrial Users, and Water Suppliers (includes 1 primary member and 5 additional 1B, IC 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.   2.   3.   4.   5.   5.   5.   5.   5.   5.   5				
Address:  City:				
Postal Code:				
Postal Code:	City:		State/Province:	
E-mail Address:	Postal Code:		Country:	
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To pay using a credit card or by echeck, please process on the SEDA Website:

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