

Southeast Evaluation Association Membership Application



Name: ___ Dr. / ___ Mr. / ___ Mrs. / ___ Ms. _____

Employer: _____

Address: _____

City, State, and Zip: _____

Phone: _____

Email address: _____

Please select the sector that best describes your employer:

- State Government
- Local Government
- University/College
- Private Sector (including not-for-profit)

How did you hear about SEA? Please share your reason(s) for joining SEA.

Please select one membership and payment option:

- \$30 Professional Membership (Check PayPal)
- \$10 Full-Time Student Membership (Check PayPal)

Note: Please make checks payable to "Southeast Evaluation Association." PayPal payments may be submitted online at <http://www.southeastevaluation.org/membership>.

SEA 1-Year Membership period begins upon receipt of application and payment.

Please click the "submit" button below to send your completed SEA Membership Application to SEA via email or print and mail your application to: Southeast Evaluation Association, P. O. Box 10125, Tallahassee, Florida 32302.

Thank you for joining SEA!