



Florida Society of Environmental Analysts 2012 Membership Application

Please fill out the following information completely. Personal information is held in confidence, and will not be provided for mailing lists to anyone other than F.S.E.A. We offer two types of membership: Professional (\$50) and Full-time Student (\$10).

Please Print or Type

Member Information:

Dr. Mr. Ms. _____
(Circle One) Last First M.I.

Employer's Name: _____

Mailing Address: (Please specify, Employer's or your Home address?)

Street: _____

City: _____ County: _____ State: _____ Zip Code: _____

Business Telephone (____) _____ - _____ Ext. _____ Email: _____

Are you a certified Drinking Water and/or Wastewater Plant Operator? Yes ___ No ___ License #: DW # _____ WW # _____

Have you ever been a member of FSEA? Yes ___ No ___

Your name as it is to appear on the Membership Card (please print clearly): _____

In order to assist us in planning the types of events and meetings that will be most beneficial to FSEA members, please check the appropriate box regarding your company and occupation:

Company: Commercial Utility Research Industry State Government Other

Position: Technician Analyst Management Quality Assurance Operator Other

If you are a full-time student, please provide the following information:

School: _____ Major: _____ Current year of studies: (Circle one) 1 2 3 4 Graduate

Membership Dues: Professional: \$50 _____ Student: \$10 _____

- Apply online at www.fsea.net/membership or
- Submit your completed registration form to FSEA, P.O. Box 153, Ormond Beach, Florida 32175-0153 or
- Fax your completed registration form to 386/441-3111; please do not email credit card information.

Enclosed is my check or money order payable to FSEA

Bill my credit card: Master Card Visa Discover American Express

Cardholder's Name (As it appears on the card) _____

Card Number _____

Expiration Date _____

Cardholder's Signature (or Typed Name) _____

Total Amount of Payment _____

Today's Date _____

AGREEMENT

I certify that my statements are correct and agree that the Charter, By-Laws, and Policies of the Society will govern me, and that I will conform to the FSEA Code of Ethics.

Signature _____ Date _____

Would you like to contribute to the FSEA Scholarship Fund/ Mentoring Program? Yes ___ No ___ If Yes, specify amount: \$ _____
Please include any contributions with your Membership Dues. Thank you.

Occasionally you may receive emails with Society updates.

FSEA is a 501(c)(3) tax exempt organization. Contributions are tax deductible to the extent allowed by law.

FEIN: 59-1932954

FSEA reserves the right to deny membership to anyone who has by word and/or deed violated the Charter, By-Laws, or Policies of the Society, and/or the FSEA Code of Ethics.

FSEA Web Site Information and Membership Questionnaire

FSEA needs your opinions and suggestions to help the Society better serve your needs. Please take a few minutes to complete this short questionnaire.

Have you visited the FSEA website at **www.fsea.net**? Yes _____ No _____

If you answered yes, please rank the following sections as to which are most helpful to you and your laboratory?

	Not Helpful	Somewhat Helpful	Very Helpful
Technical Papers and Regulatory Information	_____	_____	_____
General Society Information	_____	_____	_____
Forum/Jobs	_____	_____	_____
Membership Application	_____	_____	_____
Vendors Showcase	_____	_____	_____
Board of Directors/Contacts	_____	_____	_____

What, if any, additional information would like to see on the FSEA website?

FSEA has a Laboratory Links Page on its web site. Would you like your Laboratory's web site included? There is no charge for this service. If yes, please provide your web site address.

In addition to our Annual Spring and Fall Technical Sessions, FSEA offers Regional Training Workshops. Please answer the following concerning Regional Meetings.

What time do you prefer? 8:00 AM – 12:00 PM _____ 1:00 PM – 5:00 PM _____

Which day(s) of the week do you prefer? (check all that apply)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Which topics are most important to you? (check all that apply)

Laboratory Management	_____	LIMS and Data Management	_____
Field Sampling	_____	Quality Assurance	_____
Microbiology	_____	Wet Chemistry (BOD, TSS, Nutrients)	_____
Inorganic Chemistry (Metals)	_____	Organic Chemistry (SOCs, VOCs)	_____
Ethics Training	_____	Other: _____	_____

Does your laboratory have a training facility available for FSEA Regional Meetings?

Yes ___ No ___ If yes, what is the room's capacity? _____

Whom may we contact about use of the facility?

Name _____ Phone _____ Email _____

Would you like to be contacted to assist with: meetings _____, regional workshops _____, and/or committees _____? Name: _____

How can FSEA better serve you? _____

Thank you for your opinion.