



2023 Membership Application

Please consider completing your application online using a credit card at www.fsea.net We offer two types of membership: Professional (\$50) and Full-time Student (\$10).

Membership runs by calendar year and expires on Dec.31, 2023

Member Information: Please Print or Type

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 ___

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 Vendor 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 _____

Contribution to the Student Scholarship Program: \$ _____

- Apply online at www.fsea.net; or for more information (941) 748-5700
- Submit your completed registration form to FSEA, P.O. Box 1617, Tavares, FL 32778-1617 or
- Fax your completed registration form to (941) 748-5720

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 _____

Billing Address if different from above (Street, City, State, Zip) _____

Expiration Date _____

CVV _____

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. Membership fees are non-refundable. Returned Check Policy: Any person who submits a check that is returned by the bank will be charged a \$45 fee.

FSEA * (941) 748-5700 * secretary@fsea.net