



# 2024 Membership Application

**Please consider completing your application online using a credit card at [www.fsea.net](http://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, 2024

**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](http://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](mailto:secretary@fsea.net)