



SAEE Membership Application & Invoice

Federal Tax I.D. 54-1546622

Name: _____

Circle One: Dr. Mr. Mrs. Ms.

Title/Department: _____

Institution/School District: _____

Address: _____

City/State/Zip: _____

Telephone (area code): _____

Fax Number (area code): _____

Email Address: _____

Membership Status:

- Continuation of Membership
- New member (**WELCOME!**)

To become a member, please send check for \$50 made payable to SAEE

Return this form to:

Southeastern Association for Employment In Education
C/O Brenda Y. Greene-Hinton
P.O. Box 1804
Bel Air, Maryland 21014