



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 SAE

Return this form to:

**Vicki Hardin
Career Services
University of West Georgia
232 Parker Hall
Carrollton, GA 30118
(770) 836-6431**