



SouthEastern Association for Clinical Microbiology

MEMBERSHIP APPLICATION AND ANNUAL FEE NOTICE

New Member

Renewal

Annual Member \$15

2 year Membership \$25

3 year Membership \$40

The annual SEACM membership is from January 1 to December 31

Please check membership classification. This membership fee includes copies of the Newsletter, membership rates for Spring Meeting, Annual Meeting and Workshops, and voting privileges for next year's Board.

Please complete the following information:

Name: _____

Home Address: _____

City, State, Zip Code: _____

Email: _____

By providing my email address, I agree that SEACM may email me regarding upcoming SEACM events (no spam and we won't share your information with any other companies or groups).

Check here if above information has been updated.

Former info: _____

Employer: _____

Work Address: _____

City, State, Zip Code: _____

Employer Type:

Hospital Lab Research State/Federal Lab Private Lab/POL

Industry/Company Name: _____

Other: _____

Checks should be made payable to **SEACM** and mail completed form to:

Melodie A. Beard, P.O. Box 2891, Burlington, NC 27216