



Southeastern Outdoor Press Association, Inc.
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 Badin, NC 28009
 (O) 704-984-4700 (FAX) 704-984-4701
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CORPORATE Membership Application

Company Name: _____
 Contact Name: _____ Title: _____
 Street: _____ City: _____ St.: _____ Zip: _____
 Office Ph.: _____ Fax: _____ Toll-free Ph.: _____
 E-Mail: _____ Web Site: _____

The person listed as the contact above will receive newsletters, the directory and other important mailings. Please provide a brief description of the products and/or services provided by your company. If an advertising/PR firm conducts media relations, list the company and all pertinent contact information as a part of your listing below. This will appear in the directory:

Annual Dues - Annual dues are \$150. If joining between May 1 and Oct. 31, dues are \$225. This pays for the remainder of the current fiscal year (Nov. 1 - Oct. 31) and all of the following year. A three-year membership is available for \$420. If joining between May 1 and Oct. 31, add \$75 for a total of \$495. This pays for the remainder of the current year and for the following three years.

Membership Certification - I understand that, upon payment of dues as above, my firm will be a Corporate Member of the Southeastern Outdoor Press Association, Inc. (SEOPA) and will be entitled to the following privileges: a copy of the annual confidential membership directory; SEOPA's newsletter; logos; decals; SEOPA's mailing list and representation at any function of the organization. I also understand that Corporate Members are not entitled to hold a major office, but they do elect a voting liaison to the board of directors and are able to serve on committees.

As a member of SEOPA, I subscribe to and agree to abide by the Guidelines and the Code of Ethics adopted by SEOPA.

NOTE: Each member with an e-mail address is notified when *SEOPA News* is posted online. If you prefer **NOT** to receive a paper copy of the newsletter by regular mail, check here: _____

 Applicant's Signature

 Date

 Sponsor's Name

Please mail your completed application with check payable to SEOPA to the address listed above or fax the application with credit card information and amount to be charged to 704-984-4701. No cover sheet needed.

<p>___ VISA ___ MC ___ AMEX ___ DISCOVER</p> <p>Credit Card # _____</p> <p>Expiration Date _____ Amount of Charge \$ _____</p> <p>Billing Address, if different from above: _____</p> <p>_____</p>

<p>OFFICE USE ONLY - RD050310</p> <p>Payment Type _____</p> <p>Amount Paid _____</p> <p>DB Entry _____</p>
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