**Membership Application Form**

□ New

□ Renewal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete all information and mail with payment. Thank you!**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company Name: |  |  |  |  |  |
| Contact Name: |  | Title: |  |  |  |
| Business Address: |  |  |  |  |  |
| Mailing Address: |  |  |  |  |  |
| City: |  | State: |  | Zip: |  |
| Type of Business: |  |  | # Employees: |  |  |
| Phone: |  | Fax: |  |  |  |
| Email: |  |  | # Years in Business: |  |  |

Type of Entity: □ Private/Profit □ Not-for-profit □ Governmental Agency

How did you hear about SEAC? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEAC dues are paid annually

Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ $50.00 Individual □ $90.00 Non Profit □ $125.00 Corporate

Pay Online: <https://www.saceac.com/join.html>

|  |  |
| --- | --- |
| **Please make check payable and mail to:**  Sacramento Employer Advisory Council  SEAC Logo5325 Elkhord Boulevard, Suite241  Sacramento, CA 95842 | *Don’t miss out on great networking opportunities plus a chance to listen to the excellent speakers we have scheduled this year!* |