



SPECIAL EVENT ASSOCIATION
of Northwest Ohio

Membership Application

NAME	
TITLE	
ORGANIZATION	
MAILING ADDRESS	
CITY	
STATE/ZIP	
BUSINESS PHONE	
HOME ADDRESS (optional)	

As a result of new FCC regulations, all businesses are required to have a signed consent form on file for all entities to which it sends faxes. By listing my fax number on this form, I hereby consent to receive faxes from SEANO.

FAX NUMBER	
E-MAIL ADDRESS	

MEMBERSHIP CATEGORIES	MEMBERSHIP DUES
<input type="checkbox"/> Professional Organizations registering more than one member, subsequent memberships are \$90 each	\$100
<input type="checkbox"/> Professional merited (retired)	\$50
<input type="checkbox"/> Full Time Student (a copy of current school registration receipt required—not applicable to Educational Staff/Establishments.)	\$25
TOTAL AMOUNT DUE	\$_____

Please make a check payable to SEANO. Payment is required in full before application can be processed. Dues are non-refundable. Please allow 2-3 weeks for your membership application to be processed and membership packet to be mailed.

Member signature: _____ Date: _____

Send completed application with membership dues to:
Special Event Association of NW Ohio
P.O. Box 2678
Toledo, OH 43606-9998