

## Southeastern New England Marine Educators (SENEME) MEMBERSHIP APPLICATION

☐ New ☐ Renewal (check one)

Name:		Today's Date:	
$\square$ my information has not changed		•	
School/Business Address:		Home Address:	
			Street
	City, State, Zip Code		City, State, Zip Code
Work Phone:		Hama Dhama.	
Work E-mail Address:		nome Prione:	
Work E-mail Adaress:		Home E-mail Address:	
Position (check all that apply)			
☐ Teacher	☐ Retired	☐ Scientist	☐ Consultant
☐ Principal	☐ Professor	☐ Dept. Head/Chair	☐ Other
☐ Student	☐ Supervisor/Coordinator	☐ Administrator	
Disciplines (check all that apply	y)		
Biology	☐ Environmental	☐ Computer Science	☐ Other
☐ Physics	☐ Science	☐ General Science	
☐ Chemistry	☐ Physical Science	☐ Tech Education	
Which grades do you teach? (	• • • • •		
☐ K – 5 <sup>th</sup> Grade	☐ 6 <sup>th</sup> – 8 <sup>th</sup> Grade	☐ 9 <sup>th</sup> – 12 <sup>th</sup> Grade	☐ College
Send SENEME e-mailings to (c	heck one):		
☐ Home E-mail Address	☐ Work E-mail Address		
Please consider joining one or	more of our committees		
☐ Membership & Public Relat		☐ Development	
☐ Conference/Special Events	_	<u>-</u>	
Membership Category (check	one):		
☐ Active Member (1 Year	r \$15)		
☐ Active Member (2 Year	rs \$25)		
☐ Active Member (3 Year	rs \$35)		
☐ Organizational Member	erships (NonProfits Only \$100	0)	
☐ Corporate Membershi		•	
	•		
<u> </u>	ch membership option you cho of the following year (or approp	• •	•
Total Enclosed: \$		Please return this form with check payable to SENEME.	

Mail to SENEME c/o Julie P. Ainsworth 31 Green Springs Dr. Madison, CT 06443