## **2024 SEAOAL MEMBERSHIP RENEWAL FORM**

## Make checks payable to: Structural Engineers Association of Alabama (SEAoAL) PO Box 660584 Birmingham, AL 35266



Please print legibly all information requested and return with payment by January 31, 2024

Last Name	First Name		Middle Initial
Employer or Affiliation			
Address (Indicate address type by	underlining one. This is a: Business Addr	ess or Home Addres	s)
City	State		Zip Code
Phone Number with area code	Email		
Company Web Page			
TO CHARGE MEMBERSHIP: Go to	www.seaoal.com and click link t	for membership r	enewal.
PROFESSIONAL INFORM	<u>IATION</u>		
Are you a licensed P.E. in Alabama?		Yes	No
Are you a Young Member?	Check yes if under 35 years old	Yes	No
Are you CAL—EMA Certified? Expires (year)		Yes	No
Are you interested in volunteering?  MEMBERSHIP CATEGORY		Yes	No
Please check the category o	f membership you are applying f	or and send in th	e appropriate dues.
Professional Membership: \$120.00		Associate Member: \$60.00	
Affiliate Member: \$250.00		Student Member: \$35.00	
Retired Member: \$60.	00		
SIGNATURE I herby state that the informa Association By-laws.	tion provided is to the best of my	knowledge true ar	nd accurate, and that I will abide
		Date:	
Signature			Date