



Southeast Employers Exchange
665 Red Oak Road, Stockbridge, GA 30281
Phone: 404-766-1632 Fax: 404-768-7767



Membership Application

Membership - \$350.00 annually

COMPANY INFORMATION

Company: _____

Contact Person: _____ Referred By: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-mail address: _____

Web Site address: _____

Please provide a brief description of the service or products that your company provides: _____

If dues are paid through premium payment please provide the following information:

Agency Name: _____

Agent's Name: _____ E-mail: _____

If dues are being paid by credit card please provide the following information:

_____ Check (enclose with application) Date of Application _____

_____ Credit card: _____ American Express _____ VISA _____ MasterCard

Amount to be charged: \$ _____ (Credit card charge will indicate "Assoc Headquarters, Inc.")

Card#: _____ Exp Date: _____ Billing Zip Code: _____

Name on Card: _____ Signature: _____

If you are paying by check please make checks payable to the: Southeast Employers Exchange