



Membership Application

Name: _____ Date: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: () _____

Evening Phone: () _____

Cellular Phone: () _____

Fax: () _____

- \$25.00 Member Annual membership, bumper sticker and newsletter.
- \$10.00 Youth Ages 1-17 will receive annual membership, bumper sticker and youth newsletter.
- \$15.00 Collegiate Full time student at a regular educational institution - regular membership benefits.
- \$500.00 Lifetime Annual membership for their lifetime, recognition in the newsletter and a SEA print.

In addition to my membership, I would like to donate \$ _____ to SEA.

Method of Payment: Cash Check Mastercard Visa American Express

Card No: _____

Cardholder Signature X: _____

Exp Date: _____ / _____

Mail to: **SEA**
711 N. Carancahua, Ste 915
Corpus Christi, TX 78475