



# STATE EMPLOYEES ADVOCACY POLITICAL ACTION COMMITTEE

P.O. Box 6241 ♦ Montgomery, AL 36106 ♦ Ph 334-593-6056 ♦ Fax 334-593-6057 ♦ www.myseapac.org

## Club Level Membership APPLICATION

### Annual Club Level Membership (Please Specify)

- \$50 (or \$4.25 per month)
- \$100 (or \$8.50 per month)
- \$150 (or \$12.50 per month)
- \$250 (or \$21.00 per month)
- \$350 (or \$30.00 per month)
- \$450 (or \$37.50 per month)
- \$500 (or \$42.00 per month)
- Other \$\_\_\_\_\_ (or \$\_\_\_\_\_ per month)

I have enclosed a Check for my Annual Contribution

or

I prefer to contribute by Credit/Debit Card

Visa  MasterCard  AmEx  Discover

\$ \_\_\_\_\_ month  \$ \_\_\_\_\_ annual

Name on Card: \_\_\_\_\_

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_

mm/yr

Security Code: \_\_\_\_\_

X \_\_\_\_\_

Authorized Signature

or

I prefer Automatic Bank Draft Withdrawal

I (we) hereby authorize State Employees Advocacy Political Action Committee (SEA-PAC) to initiate entries to my (our) checking/savings accounts at the financial institution listed below and, if necessary, initiate adjustments for any transactions debited in error. This authority will remain in effect until SEA-PAC is notified by me (us) in writing to cancel it in such time as to afford SEA-PAC and THE FINANCIAL INSTITUTION .

Name of Financial Institution: \_\_\_\_\_

Date: \_\_\_\_\_

X \_\_\_\_\_

Authorized Signature

Name

(Print): \_\_\_\_\_

Contribution Withdrawn  \$ \_\_\_\_\_ month  \$ \_\_\_\_\_ annual

Financial Institution Routing Number: \_\_\_\_\_

Checking/Savings Account Number: \_\_\_\_\_

These numbers are located on the bottom of your check as follows:

example: I : 123456789 I : 1234567890123 I I :

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Active Member  Retired Member

Please FAX to 334-593-6057 or MAIL to Sea-Pac, P.O. Box 6241, Montgomery, AL 36106