

MEMBERSHIP APPLICATION

NJSPLS & You

Working Together for Your Profession and Your Future

Your Professional Society

The New Jersey Society of Professional Land Surveyors is a statewide professional group composed of over 1,000 members. The Society members demonstrate their commitment to their profession through their high standards, public action, and educational forums.

Membership Categories:

Membership year runs from July 1 through June 30.

Member (annual dues \$210)

Persons licensed to practice in New Jersey and in good standing with the NJ Board of Professional Engineers and Land Surveyors.

Associate Member

(annual dues \$105) Non-licensed persons actively endeavoring to make professional surveying their chosen career.

Affiliate Member

(annual dues \$210) Persons in professions or businesses closely allied with professional surveying.

Corresponding Member

(annual dues \$75) Out-of-state professional surveyor and/or professional engineer society member or associate member. Corresponding Member must be a non-resident of New Jersey and may not be practicing full time in New Jersey.

Student Member

(annual dues \$52.50) Any full-time student studying surveying.

Sustaining Member

(annual dues \$300) Individuals and companies that have professional interests within the scope of NJSPLS. Membership includes discounts on advertising, exhibiting at the Annual Conference and other substantial benefits.

Application Form

Check the preferred mailing address for receiving NJSPLS publications and correspondence.

Name _____

License Number _____

Company _____

Business Address _____

Business City/State/Zip _____

Business Phone _____

Business Fax _____

Business E-mail _____

Home Address _____

Home City/State/Zip _____

Home Phone _____

Home Fax _____

Home E-mail _____

Membership Category _____

(Please refer to the Membership Categories to indicate your membership category.)

Method of Payment

Check or Money Order AMEX VISA MasterCard Discover
(payable to NJSPLS)

Total \$ _____

Credit Card Account# _____

In the amount of \$ _____

Name appearing on card _____

Expiration date _____

Authorized signature _____

Date _____

(Your membership fees are not deductible as a charitable expense; however they may be deductible under other provisions of the tax law.)

Return this form with your payment to:

NJSPLS, PO Box 101, Cream Ridge, NJ 08514-0101

Fax: 888-475-1858

