



**Massachusetts Association of Land Surveyors and Civil Engineers, Inc.**

**The Engineering Center • One Walnut Street • Boston, MA 02108-3616**

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**SPECIAL MEMBERSHIP APPLICATION**

Name (last, first, middle): \_\_\_\_\_

Employed by: \_\_\_\_\_

(Check preferred mailing address)

**Business Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Land Surveyor:** \_\_\_\_\_ **Engineer:** \_\_\_\_\_

Membership classification:  
(Check membership applying for)

Life Member       Honorary Member

Local Chapter affiliation  
(if applicable)

Berkshire County       Cape Cod       Central Massachusetts  
 Connecticut Valley       Eastern Massachusetts

I hereby apply for special membership in MALSCCE and, if accepted, will uphold the Bylaws, abide by the Code of Ethics and endeavor to further the objectives of the Association.

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

**SPECIAL MEMBERSHIP CLASSIFICATIONS**

■ **Life Member of MALSCCE** shall be an individual who has attained the age of sixty-five, who can demonstrate membership in MALSCCE for at least twenty years, has applied to the Board for Life Membership and whose application received the approval of two-thirds of the entire Board. Life Members shall enjoy the full voting privileges and shall be entitled to hold office in MALSCCE. Life members shall not be required to pay dues. Applications for Life Members shall be accompanied by a complete resume. Life members must provide a valid email address for communications from MALSCCE.

■ **Honorary Member of MALSCCE** shall be an individual of distinction, registered or non-registered, or an individual of acknowledged eminence in the profession, who, upon being recommended to the Board by a Registered Member, has received the approval of two-thirds of the entire Board. Honorary Members shall have no voting privileges and may not hold office in MALSCCE. Honorary Members may hold other membership classifications with all the privileges attendant thereto. However, they shall not be required to pay dues in any membership classification. Honorary members must provide a valid email address for communications from MALSCCE.

**Reference MALSCCE Registered Member**

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**For MALSCCE office use only; do not write below this line.**

Approved by Chapter Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Approved by Board Date: \_\_\_\_\_ Signature: \_\_\_\_\_

DB Entry: \_\_\_\_\_ Manual: \_\_\_\_\_ Certificate: \_\_\_\_\_