



Individual Membership Application

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

Phone: 617/227-5551 • Fax: 617/227-6783 • Email: malsce@engineers.org • Web: www.malsce.org

Full Name: _____
Employed By: _____
Mailing Address (Please identify if this is work or home address) [] Work [] Home
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____ Email: _____

Membership Classification

- [] Registered Member of MALSCE shall be limited to an individual registered under the law of the Commonwealth as either a Professional Land Surveyor or as a Professional Engineer.
[] Associate Member of MALSCE shall be a non-registered individual engaged in land surveying and interested in the advancement of surveying and mapping.
[] Student Member of MALSCE shall be a student enrolled in a degree program of a recognized school, college or university who has a sincere interest in land surveying.
[] Out of State Member of MALSCE shall be any individual engaged in land surveying, registered or non-registered, and not residing or practicing in the Commonwealth.

NSPS logo and text: Joint MALSCE-NSPS 100% Membership Program: Registered MALSCE Members who legally reside in Massachusetts are automatically enrolled in this program at an annual dues rate of \$40.

[] Registered Member (required) \$40 [] Associate Member (optional) \$40 [] Student Member (optional) \$10

Local Chapter Affiliation

[] Berkshire County [] Cape Cod [] Central MA [] Connecticut Valley [] Eastern MA

MALSCE Dues: \$ _____ Local Chapter Dues: \$ _____ NSPS Dues: \$ _____

Total Dues & Fees Enclosed: \$ _____

Payment:

[] Check: Make payable to MALSCE, One Walnut Street, Boston, MA 02108. Please allow approximately 90 days for processing.

[] Credit Card: [] Visa [] Master Card [] American Express

Name on Card: _____ Card Number: _____ Expiration Date: _____

Billing Address: _____

Signature: _____

I hereby apply for membership in MALSCE and, if accepted, will uphold the Bylaws, abide by the Code of Ethics and endeavor to further the objectives of the Association. Signature: _____ Date: _____

Important! Please list a MALSCE Registered Member as a reference:

Name: _____ Occupation: _____

Address: _____ City/State/Zip: _____

Signature: _____ Telephone: _____

Referred by (If different from Registered Member above): _____

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

Approved by Board Date: _____ Signature: _____