

Individual Membership Application

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

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Full Name:
Employed By:
Mailing Address (Please identify if this is work or home address) Work Home
Address:
City: State: Zip Code: Zip Zip Code: Zip
Telephone:
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. A Registered Member shall enjoy full voting privileges and shall be entitled to hold any office. Annual Dues are \$210. Chapter Dues are \$20.
Associate Member of MALSCE shall be a non-registered individual engaged in land surveying and interested in the advancement of surveying and mapping. Associate Members shall enjoy full voting privileges but may not hold office in MALSCE. <i>Annual Dues are \$125. Chapter Dues are \$10.</i>
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. Student Members shall have no voting privileges and may not hold office in MALSCE. Students must submit a current copy of their student I.D. along with this application. Student membership is free.
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. Out of State Members shall have no voting privileges and may not hold office in MALSCE. <i>Annual Dues are</i> \$135.
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. MALSCE Associate Members who are Massachusetts residents and MALSCE Student Members can opt to participate in this program at the cost of \$40 and \$30, respectively. MALSCE members who do not reside in the Commonwealth should contact their resident state land surveying association to see if they are now offering this joint membership benefit.
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:
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: