

Individual Membership Application

Massachusetts Association of Land Surveyors and Civil Engineers • 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:	Chahai		Zin Codo.
City: Telephone:	State: _ Fax:	Email:	Zip Code:
	this box if you were born after July 1,		
Membership C	lassification		
Registered Member of MALSCE is an individual registered under the laws of the Commonwealth as either a Professional Land Surveyor or as a Professional Engineer. A Registered Member enjoys full voting privileges and is entitled to hold any office in MALSCE. Annual Dues are \$225. Chapter Dues are \$20.			
otherwise qu		sification. An Associate I	ent surveying and mapping who does not Member enjoys full voting privileges but may not are \$10.
college or un has no voting	iversity, which is also recognized by th	ne Board, who has a sinc	uate degree program of an accredited school, ere interest in land surveying. A Student Member st submit a current copy of their student I.D. along
Out of State Member of MALSCE is an individual interested in land surveying, registered or non-registered, who is not residing or practicing land surveying full time within the Commonwealth. An Out of State Member has no voting privileges and may not hold office in MALSCE. <i>Annual Dues are \$150</i> .			
	Massachusetts are automatically of Members who are Massachusetts program at the cost of \$50 and \$1	enrolled in this program a residents and MALSCE 0, respectively. MALSCE	istered MALSCE Members who legally reside in at an annual dues rate of \$50. MALSCE Associate Student Members can opt to participate in this members who do not reside in the rveying association to see if they are now offering
NSPS	this joint membership benefit.		
	· · · · · · · · · · · · · · · · · · ·	ociate Member (optional)	\$50 Student Member (optional) \$10
Local Chapter			
Cape Cod	Central MA	Eastern MA	Western MA
MALSCE Dues: \$ Total Dues & Fee		Dues: \$	NSPS Dues: \$
Payment			
	novable to MALCCE One Websit Str	not Pooton MA 02100 [Places allow approximately 60 days for processing
Credit Card: Name on Card:	Visa	Master Card	Please allow approximately 60 days for processing. American Express
Billing Address:	Expiration D	ate:	Security Code:
Signature:	LXPIIdiiOII D	<u> </u>	cccurry code.
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 dif	terent from Registered Member above	e):	
For MALSCE office	ce use only; do not write below.		
Date approved by	Board or Executive Committee:		Signature: