

Individual Membership Application

Massachusetts Association of Land Surveyors and Civil Engineers • 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 ident	ity it this is work or nome addi	ress) Work	Home	
Address:	State		Zip Code:	
City: Telephone:	Fay:	Fmail·	Zip Code.	
	ou were born after July 1, 199			
Membership Classification	on			
Land Surveyor or as a Pr		ered Member enjoys fu	f the Commonwealth as either a Professional ull voting privileges and is entitled to hold any	
otherwise qualify under a		ation. An Associate Me	nt surveying and mapping who does not ember enjoys full voting privileges but may n e \$10.	ot
college or university, which	ch is also recognized by the B and may not hold office in MAL	oard, who has a sincer	te degree program of an accredited school, re interest in land surveying. A Student Meml submit a current copy of their student I.D. ald	
residing or practicing land		Commonwealth. An O	g, registered or non-registered, who is not out of State Member has no voting privileges	and
Massach Members program should co	susetts are automatically enrol s who are Massachusetts residual at the cost of \$50 and \$10, re contact their resident state land	led in this program at a dents and MALSCE Sto spectively. MALSCE m	ered MALSCE Members who legally reside in annual dues rate of \$50. MALSCE Associated and the Members can opt to participate in this members who do not reside in the Commonwar to see if they are now offering this joint	ate
membership benefit. Registered Member (MA Resident) (required) \$50 Associate Member (optional) \$50 Student Member (optional) \$10				
Local Chapter Affiliation	, , , , , , , , , , , , , , , , , , , ,	(1	,	
Cape Cod	Central MA	Eastern MA	Western MA	
<u> </u>				
MALSCE Dues: \$ Total Dues & Fees Enclosed:	Local Chapter Due	es. <u>\$</u>	NSPS Dues: \$	
Payment				
Check: Make payable to N	MALSCE, One Walnut Street,	Boston, MA 02108. Ple	ease allow approximately 60 days for proces	sing.
Credit Card:	Visa	Master Card	American Express	
Name on Card:				
Billing Address: Card Number:	Evniration Date:		Security Code:	
Signature:	Lxpiration bate.	·	security code.	
	o in MALSCE and, if accepted Association. Signature:	l, will uphold the Bylaw	s, abide by the Code of Ethics and endeavor Date:	-
Important! Please list a MAI				
Name:		Occupation:		
Address:		City/State/Zip:		
Signature: Referred by (If different from F		_ Telephone:		
Referred by (If different from F	Registered Member above):			
For MALSCE office use only;				
Date approved by Board or Ex	kecutive Committee:	S	ignature:	