



MICHIGAN SOCIETY OF PROFESSIONAL SURVEYORS

**MEMBERSHIP APPLICATION**

P.O. Box 22054  
 LANSING, MI 48909  
 Tel: 517.484.2413

Fax: 517.708.7250

Web: [www.misps.org](http://www.misps.org) Email: [centraloffice@misps.org](mailto:centraloffice@misps.org)

We encourage you  
 to visit  
[www.misps.org](http://www.misps.org)  
 for quick  
 membership  
 registration with  
 easy online  
 processing

Please Print or Type

**FOR LICENSED, ASSOCIATE & AFFILIATE APPLICANTS**

Name <input style="width: 95%;" type="text"/>	Contact Email <input style="width: 95%;" type="text"/>
Mailing Address <input style="width: 95%;" type="text"/>	City <input style="width: 95%;" type="text"/>
State    Postal Code <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 95%;" type="text"/>
Home Phone <input style="width: 95%;" type="text"/>	Spouse's Name <input style="width: 95%;" type="text"/>
PS # <input style="width: 95%;" type="text"/>	Issuing State <span style="background-color: yellow;">(Associate Member Only)</span> <input style="width: 95%;" type="text"/>

Employer    Title <input style="width: 95%;" type="text"/>	County <input style="width: 95%;" type="text"/>
Mailing Address <input style="width: 95%;" type="text"/>	Phone <input style="width: 95%;" type="text"/>
Sponsoring Member <input style="width: 95%;" type="text"/>	PS # <input style="width: 95%;" type="text"/>

**FOR LIFE MEMBER APPLICANTS**

Name <input style="width: 95%;" type="text"/>	Contact Email <input style="width: 95%;" type="text"/>	
Mailing Address <input style="width: 95%;" type="text"/>	City <input style="width: 95%;" type="text"/>	
State    Postal Code <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 95%;" type="text"/>	Age at time of submission (must be at least 65) <input style="width: 95%;" type="text"/>
Home Phone <input style="width: 95%;" type="text"/>	Spouse's Name <input style="width: 95%;" type="text"/>	

PS # <input type="text"/>	Issuing State <input type="text"/>
Have you been a member for 20 continuous years Membership dates	OR Have you been Professional Member for 25 non-consecutive years
<input type="text"/>	

**FOR SUSTAINING MEMBER APPLICANTS**

Company Name <input type="text"/>	Contact Person <input type="text"/>
Mailing Address <input type="text"/>	City <input type="text"/>
State Postal Code <input type="text"/>	Title <input type="text"/>
Phone <input type="text"/>	Contact Email <input type="text"/>
Fax <input type="text"/>	

**CLASSES OF MEMBERSHIP**

MEMBER CATEGORY		DUES AMOUNT	PAYMENT AMOUNT
Professional Surveyor		\$300.00	
Life Members A (before 1/1/2017)		N/A	
Voluntary Donation by Life Members			
Life Members B (after 1/1/2017)		\$100	
Affiliate This category of membership is not open to any licensed Professional. Indicate the area of your interest in the profession of surveying <input type="text"/>		\$95.00	
Associate <i>Requirements: (Select One)</i>		\$95.00	
<input type="checkbox"/> Approved to write Part I of the Michigan Professional Surveyors Examination			
<input type="checkbox"/> Employed not less than four (4) years under the supervision of a Professional Surveyor			
<input type="checkbox"/> License or registered and in good standing as a Professional Surveyor in any state of the United States, other than Michigan, or in any province of Canada.			
Student Any full-time undergraduate student of a college or vocational school recognized by the Board. Student members shall not be eligible to vote or hold office.		\$20.00	
Sustaining (Company/Firm/Vendor)		\$395.00	
<i>Requirements:</i>			
<input type="checkbox"/> Engaged in the manufacture or distribution of surveying instruments or equipment			
<input type="checkbox"/> Engaged in the compilation or reproduction of maps			
<input type="checkbox"/> Engaged in the performance of service for Professional Surveyors, specifically.			
	<b>SUB-TOTAL</b>		<b>← Enter sub-total here</b>

In order to process your PS membership, you will need to be affiliated with NSPS at the discounted rate of \$40.

We encourage our other members to also affiliate with NSPS

NSPS DUES	Professional	Optional	PAYMENT AMOUNT	You must affiliate with
NSPS Dues	\$40.00	\$40.00		NSPS if you are a PS
		Student \$10.00		
		SUB-TOTAL		← Enter sub-total here
CHAPTER DUES	PS	AFFIL/ASSOC	PAYMENT AMOUNT	Indicate the chapter(s) you would like to belong to
Central	\$30.00	\$10.00		
Mid-Michigan	\$20.00	\$20.00		
Northeast	\$40.00	\$10.00		
Northern	\$27.00	\$27.00		You must belong to a chapter if you are a PS or Associate
Saginaw Valley	\$25.00	\$25.00		
Southeast	\$35.00	\$25.00		
Southwestern	\$25.00	\$15.00		
Upper Peninsula	\$40.00	\$35.00		
West Central	\$25.00	\$15.00		
		SUB-TOTAL		← Enter sub-total here
OTHER DUES & DONATIONS		AMOUNT	PAYMENT AMOUNT	(These are optional additional methods of supporting MSPS)
MSPS Foundation Membership		\$20.00		
Firm Membership/Proprietors' Council		\$40.00		
MSPS Legal Offense Fund		Any \$ amount		
MSPS Scholarship		Any \$ amount		
MSPS Foundation Donation		Any \$ amount		Enter additional
		SUB-TOTAL		← Enter sub-total here
<b>Enter total amount paying today here →</b>				<b>TOTAL</b>

Have you ever been a member before? If Yes, what year?

Other State Licenses

Return application and payment to the MSPS office. New Applications will be presented to the Board of Directors for approval at the next board meeting. If membership is granted, the application fee will be applied for current calendar year dues. If membership is not granted, the entire application fee will be refunded. Please remember to contact the MSPS office when any of the personal data information changes so we may keep your record current. *Thank You!*

Member Signature \_\_\_\_\_

Date

License Number

PAYMENT METHOD: <i>(Disregard if you paid online)</i> Contact Central Office to inquire about payment options.		
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER CARD <input type="checkbox"/> CHECK <input type="checkbox"/> CASH		
CARD/CHECK NUMBER: <input type="text"/>		
EXPIRATION DATE: <input type="text"/>	CCV (security code): <input type="text"/>	Zip Code for Card: <input type="text"/>
SIGNATURE: _____		