

# NJSPLS Membership Application



## NJSPLS & You

*Working Together for Your  
Profession and Your Future*

### Your Professional Society

The New Jersey Society of Professional Land Surveyors is a statewide professional group composed of over 1,000 members with ten chapters throughout the state.

### Membership Categories:

*Membership year runs from  
July 1 through June 30.*

- **Member** (annual dues \$265)  
Persons licensed to practice in New Jersey and in good standing with the NJ Board of Professional Engineers and Land Surveyors. Your membership also includes membership in the National Society of Professional Surveyors (NSPS).
- **Associate Member**  
(annual dues \$150) Non-licensed persons actively endeavoring to make professional surveying their chosen career.
- **Affiliate Member**  
(annual dues \$255) Persons in professions or businesses closely allied with professional surveying.
- **Corresponding Member**  
(annual dues \$100) Out-of-state professional surveyor and/or professional engineer society member or associate member. Corresponding Member must be a non-resident of New Jersey and may not be practicing full time in New Jersey.
- **Student Member**  
(annual dues \$70) Any full-time student studying surveying.
- **Sustaining Member**  
(annual dues \$350) Individuals and companies that have professional interests within the scope of NJSPLS. Membership includes discounts on advertising, exhibiting at the Annual Conference and other substantial benefits.

## Application Form

*Check the preferred mailing address for receiving NJSPLS publications and correspondence.*

Name \_\_\_\_\_

License Number \_\_\_\_\_

Company \_\_\_\_\_

Business Address \_\_\_\_\_

Business City/State/Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Fax \_\_\_\_\_

Business E-mail \_\_\_\_\_

Home Address \_\_\_\_\_

Home City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Fax \_\_\_\_\_

Home E-mail \_\_\_\_\_

Membership Category \_\_\_\_\_

*(Please refer to the Membership Categories to indicate your membership category.)*

## Method of Payment

Check or Money Order  AMEX  VISA  MasterCard  Discover  
(payable to NJSPLS)

Total \$ \_\_\_\_\_

Credit Card Account# \_\_\_\_\_

3 or 4 digit security code \_\_\_\_\_

In the amount of \$ \_\_\_\_\_

Name appearing on card \_\_\_\_\_

Expiration date \_\_\_\_\_

Authorized signature \_\_\_\_\_

Date \_\_\_\_\_

*(Your membership fees are not deductible as a charitable expense; however they may be deductible under other provisions of the tax law.)*

Visit us on the web at:  
[www.njspls.org](http://www.njspls.org)

Return this form with your payment to:  
NJSPLS, PO Box 101, Cream Ridge, NJ 08514-0101  
Fax: 888-475-1858