

# New Mexico Professional Surveyors

## 2010 Membership Application

**Last Name**

**First Name**

**Mailing Address**

**City**

**State / Zip Code**

**Phone**

**E-mail Address**

**Employer/Co Name**

**Employer/Co Address**

**Membership Type**

PLEASE MAKE  
CHANGES AS  
REQUIRED

Member Directory will be published on the NMPS website. Check Box if you wish to opt out.

**Chapter**

Corresponding members may belong to any chapter

Full Member	\$165/yr	Corresponding Member	\$124/yr	Four Corners (Farmington)	North Central (Santa Fe)
Sustaining Member	\$291/yr	Retired Member	\$124/yr	Las Vegas (Las Vegas)	Sangre de Cristo (Taos)
Corporate Member	\$907/yr	Technician/Intern	\$124/yr	Llano Estacado (Roswell/Hobbs)	Southern Rio Grande (Las Cruces)
Associate Member	\$82/yr	Student	\$0/yr	Middle Rio Grande (Albuquerque)	Student (NMSU)

**CORPORATE MEMBERSHIP** – is for a surveying related Company, and must be approved by the membership committee.  
**SUSTAINING MEMBERSHIP** – is for a NM Professional Surveyor who wishes to show additional support to NMPS.  
**FULL MEMBERSHIP** – is for the Professional Surveyor, and you must be a licensed PS.  
**ASSOCIATE MEMBERSHIP** – is for a Non PS who is associated with or sincerely interested in the surveying profession.  
**CORRESPONDING MEMBERSHIP** – is for a Licensed NM Professional Surveyor who resides outside of New Mexico.  
**TECHNICIAN/INTERN MEMBERSHIP** – is for either a Survey Technician or Land Surveying Intern.  
**RETIRED MEMBERSHIP** – is for NM Professional Surveyor with retired status with the NM Board of Registration.

Dues	<input style="width: 150px; height: 25px;" type="text"/>
Reinstatement Fee	<input style="width: 150px; height: 25px;" type="text"/>
Voluntary contribution to help support the NMPS Lobbyist	<input style="width: 150px; height: 25px;" type="text"/>
NMPS Education Foundation	<input style="width: 150px; height: 25px;" type="text"/>
<b>Total Amount Due</b>	<input style="width: 150px; height: 25px;" type="text"/>

There is a \$15 Reinstatement Fee for all Membership Applications not postmarked by February 28, 2010

Make checks payable to NMPS

I hereby authorize NMPS to bill my credit card for Total Amount Due:

**Signature:**

**Card No:**

**Billing Address:**

**Exp. Date:**

Master Card  Visa

RETURN COMPLETED FORM TO:

NMPS Executive Director  
412 N. Dal Paso  
Hobbs, NM 88240  
OR FAX TO: 575-393-4836

Effective January 1, 1994, under the Omnibus Budget Reconciliation Act of 1993, membership dues may be deductible under the Internal Revenue Code, but are not deductible as charitable donations.

<b>OFFICE USE ONLY:</b> Postmark Date _____ Check # _____
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