

New Mexico Professional Surveyors

2012 Membership Application

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

First Name

Mailing Address Personal Business

City

State / Zip Code

Phone () Personal Business

Business Name

E-mail Address

Membership Type **Chapter**

PLEASE MAKE CHANGES AS REQUIRED

Corresponding members may belong to any chapter

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

FULL MEMBERSHIP – is for the Professional Surveyor, and you must be a licensed PS.
SUSTAINING MEMBERSHIP – is for a NM Professional Surveyor who wishes to show additional support to NMPS.
CORPORATE MEMBERSHIP – is for a surveying related Company, and must be approved by the membership committee.
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.
RETIRED MEMBERSHIP – is for NM Professional Surveyor with retired status with the NM Board of Registration.
TECHNICIAN/INTERN MEMBERSHIP – is for either a Survey Technician or Land Surveying Intern.
SURVEYOR OF THE YEAR – is for anyone that has been awarded the SOY award in the past.

Dues	<input type="text"/>
Reinstatement Fee	<input type="text"/>
Voluntary contribution to help support the NMPS Lobbyist	<input type="text"/>
NMPS Education Foundation	<input type="text"/>
Total Amount Due	<input type="text"/>

There is a \$15 Reinstatement Fee for all Membership Applications not postmarked by February 29, 2012

Please Make checks payable to NMPS

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

Card No: Master Card Visa

Billing Address:

City / State:

Zip Code: **Exp. Date:**

Signature:

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.

OFFICE USE ONLY: Postmark Date _____ Check # _____
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