



**Important .....**

**The DAS office has a new mailing address, effective IMMEDIATELY.**

**Please return your membership renewal, ballot and all future correspondence to:**

**DAS**

**232 Landover Circle**

**Chapel Hill, NC 27516-8482**

**Telephone, website address and email address all remain the same.**



# Delaware Association of Surveyors, Inc.

## 2021 Membership Renewal Form

PLEASE CHECK THE APPROPRIATE TYPE OF MEMBERSHIP

- |   |        |
|---|--------|
| <input type="checkbox"/> Full (Professional) Membership, includes NSPS membership           | \$ 160 |
| <input type="checkbox"/> Full (Professional) Membership (proof of NSPS membership required) | \$ 110 |
| <input type="checkbox"/> Associate Membership, includes NSPS membership                     | \$ 110 |
| <input type="checkbox"/> Associate Membership   | \$ 60  |
| <input type="checkbox"/> Affiliate Membership   | \$ 160 |
| <input type="checkbox"/> Corresponding  | \$ 35  |
| <input type="checkbox"/> Student  | \$ 25  |
| <input type="checkbox"/> Retired Membership, includes NSPS membership                       | \$ 85  |
| <input type="checkbox"/> Retired Membership   | \$ 35  |

NSPS Membership is optional for all categories except “Full (Professional) Membership.”

Please make check payable to “D.A.S.” and return entire, completed renewal form with your remittance to:

Delaware Association of Surveyors, Inc.  
 232 Landover Circle  
 Chapel Hill, NC 27516-8482  
 Credit Cards are also accepted. Please request an authorization form.

NAME: \_\_\_\_\_ No Changes from Last Year \_\_\_\_\_

ADDRESS (Home): \_\_\_\_\_

Phone Number: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

DE PLS No.: \_\_\_\_\_ DE PE No.: \_\_\_\_\_

Registration in other states? \_\_\_\_\_ If so, which states? \_\_\_\_\_

Mailing Preference:  Home  Business Email: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Phone: (        ) \_\_\_\_\_

Fax #: \_\_\_\_\_ Address: \_\_\_\_\_

Date you joined DAS? \_\_\_\_\_ Charter (1972) Member of DAS? \_\_\_\_\_

In which county is your primary area of practice? \_\_\_\_\_

In what other counties do you practice? \_\_\_\_\_

Committees you would be interested in serving on: \_\_\_\_\_

# Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

Billing Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ \_\_\_\_\_ (USD)

I authorize \_\_\_\_\_ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Return the completed and signed form to the following:**

**Email: [desurveyors@gmail.com](mailto:desurveyors@gmail.com)**

**Fax: 888-440-7624**

**Mail: DAS, 232 Landover Circle, Chapel Hill, NC 27516**