



# Delaware Association of Surveyors, Inc.

## 2019 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.  
9210 Slice Court  
Wilmington, NC 28412  
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: \_\_\_\_\_