DELAWARE ASSOCIATION OF SURVEYORS, INC.
Membership Application Form
(Please Print or Type)

SECTION I. Type of Membership (Check one)

_____ **MEMBER**	Must be a Professional Land Surveyor registered in the State of Delaware Dues: Include NSPS membership: $175 Does not include NSPS: $125
_____ **ASSOCIATE**	Must be engaged in pre-professional surveying work. Dues: Include NSPS membership: $125 Does not include NSPS: $75 NON VOTING STATUS
_____ **AFFILIATE**	Manufacturer or supplier of surveying equipment, or other services relating to Land Surveying. Dues: $175 NON VOTING STATUS
_____ **RETIRED**	Any member of DAS, retired from the active practice of land surveying, who has been a member, in good standing, for an uninterrupted period of five (5) years shall be eligible for retired membership status. Dues: Include NSPS: $100 Does not include NSPS: $50
_____ **CORRESPONDING OR STUDENT**	Any person or group interesting in receiving notice of events or other published information such as newsletters, etc., or a student in a surveying-related curriculum. Dues: Corresponding -$50 Student - $30 NON VOTING STATUS

NAME: _____ PHONE ( ) _____

ADDRESS: _____
Street or Box Number City State Zip

DE Registration No.: _____ Date Registered: _____ Date of Birth: _____

Mailing Preference: _____ Home _____ Business Email address: _____

FIRM NAME: _____ PHONE ( ) _____

ADDRESS: _____
Street or Box Number City State Zip

Which committee(s) would you be interested in serving on? _____

SECTION II. Education

School or College	Degree	Graduation Date
_____	_____	_____

SECTION III. Membership Statement

I hereby apply for membership in the Delaware Association of Surveyors and doing so, agree to support the by-laws and objectives of the organization.

Signed: _____ Date: _____
Typed signature will represent an original signature and will be binding if submitted electronically. If mailing this form, please sign in ink.

Please enclose check for yearly dues made payable to DAS and return to:

Delaware Association of Surveyors, Inc.
232 Landover Circle
Chapel Hill, NC 27516-8482

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: _____ (**3** digits located on back of VISA, Discover, MasterCard ; **4** digits on front of AMEX)

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

Fax: 888-440-7624

Mail: DAS, 232 Landover Circle, Chapel Hill, NC 27516-8482