

Delaware Association of Surveyors, Inc.

2025 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: _____ (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