

Land Surveyors' Association of Washington

Membership Application! AWJ!-b: cfa

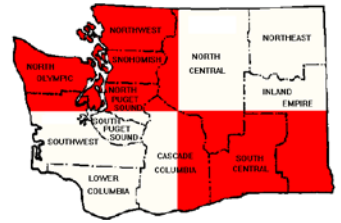
Full Name: _____
(As you would like it for your certificate)

Birth Year: _____ WA PLS No. _____ License Yr: _____

LS License in other state(s): _____

Graduated from: _____ Yr: _____ Degree(s) _____

Other Technical/Professional Memberships: _____



Home Address: _____

City: _____ State: _____ Zip: _____ Washington State County: _____

Home Phone: (____) _____ Washington State Legislative District if known: _____

Employer: _____

Firm Mailing Address: _____

City: _____ State: _____ Zip: _____

Wk Phone: (____) _____ Ext _____ Direct Line # _____ CellPhone(____) _____

Position with firm: _____

Preferred Contact Information

Preferred E-MAIL address: _____

Chapter Meeting notices and some other information is generally sent via email

US Mail: I would like my LSAW US mail (including Dues Renewal Notices) sent to my: _____

LSAW shares contact information with its own members via our Roster, and with affiliated non-profit organizations primarily for the purpose of informing members of educational opportunities. If you wish your contact information to be excluded from either use, call LSAW 425/868-0200.

I hereby certify that the statements made on this application are correct. I agree to be bound by the governing documents of the Association including, but not limited to its [Code of Ethics](#) and [Anti-harassment](#) policies both of which are available on the LSAW website www.lsaaw.org

Applicant Signature: _____ Date: _____

| LSAW Membership Categories & Annual Dues | Check Applicable Category | New Member Dues |
|---|---------------------------|-----------------|
| Professional Land Surveyor – Practicing in Washington state | | \$215.00 |
| Professional Land Surveyor – Washington LS neither living nor practicing in WA | | \$125.00 |
| Professional Land Surveyor – First licensed in the last 2 years | | |
| Professional Affiliate - LS Licensed in another state – not licensed in WA - or Any Professional other than an LS regardless of state | | |
| Associate Member Non-licensed individual in surveying the community | | \$ 75.00 |
| Student Member – Full time Student at: _____ | | \$ 30.00 |
| *Total Due with this application | | |

Print & Mail with
dUna Ybnto:

LSAW
424 205th Ave NE
Sammamish WA 98074

LSAW Office Use Only

Amt Rec'd _____ Rebate: _____

On Roster _____

Emailed Chap. Pres. _____

Letter to Applicant: _____

On BOT List: _____

Form 04/2009

Amount charged will be *TOTAL shown above Retain a copy of this form for your records

Card No: _____ 3 digit V Code _____

From back of card

Name on card: _____

Expiration date: _____ Phone # w/area code _____
of card holder: _____

Zip Code & House # of Card Billing Address: _____

Example: LSAW's Zip & House # would be "98074" and "424"

Signature: _____