



CALIFORNIA LAND SURVEYORS ASSOCIATION

Membership Application

2520 Venture Oaks Way, Suite 150 | Sacramento, CA 95833

Phone: (916) 239-4083 | Fax: (916) 924-7323

Corporate **\$270**

Shall have a valid California Professional Land Surveyor or Photogrammetric license.

CE Corporate **\$270**

Any California registered Civil Engineer who is authorized to practice land surveying pursuant to Article 3, Section 8731 of the PLS Act, and must be actively practicing land surveying.

Affiliate **\$135**

Any person who, in their profession or vocation, relies upon the fundamentals of land surveying. Has no voting rights.

Associate **\$135**

Any person who holds a valid certificate as a Land Surveyor in Training. Has no voting rights.

Out-of-State **\$135**

Any person who resides in a state other than California, who is a member of the other state's Association, and meets the requirements of a Regular Corporate Member. Has no voting rights.

Student **\$27**

A student enrolled in a college or university actively pursuing a surveying education. Has no voting rights.

Sustaining **\$540**

Any individual, company, or corporation who, by their interest in the land surveying profession, is desirous of supporting the purposes and objectives of this corporation. Has no voting rights.

First time and lapsed members must pay a \$25 entrance/reinstatement fee. First year dues are pro-rated from the month of application.

Member ID First Name Last Name License Number

Home Mailing Address City/State Zip

E-mail Phone Chapter

Company, University, or Firm Public or Private

Company Address City/State Zip

Company Telephone Company Fax

Payment Information

Please complete this form and fax or mail it with payment to the address above.

If paying with a credit card, DO NOT E-MAIL this form. Instead, fax the form to (916) 924-7323.

CLSA estimates that 18% of your total dues is allocated to lobbying and not deductible for income tax purposes as ordinary and necessary expenses. Contributions to CLSA Education Foundation are deductible as charitable contributions.

Method of Payment: Visa MasterCard AmEx Check Number: _____

Name on Card: _____ Last 4 Digits of Card: _____

Billing Address: _____

Signature: _____

Full Credit Card #: _____ Expiration Date: _____ CVV#: _____