

Application Form MEMBERSHIP

Surname:	☐ Dr. ☐ Mr. ☐ Ms. ☐ Mrs.
Given Name(s): Provincial Commission(s): Company or Organization:	
Office Address: City: Prov. /Terr.: Tel.: Ext.: Email: W Residence Address: City: Prov. /Terr.: Tel.: Fax: Email: W Mailing Preference Office	Postal Code: Fax: Yeb site: Postal Code: Residence
Correspondence English If you have checked 'Office' as mailing address company information listed in the next issue of Th	s, please indicate if you wish your organization or
Please indicate membership category applied Regular - Any person holding a commission as a C \$320 + Annual dues to be a member of Profession. This fee is only applied to those Surveyors wh Associate - A non-CLS interested in CLS affairs a \$100 (plus GST or HST)	Canada Lands Surveyor al Surveyors Canada (PSC) \$200.00 (plus GST or HST) o have not paid through another association
Retired - A current or former member of the ACL \$100 (plus GST or HST)	S who is now retired
☐ Student –A candidate for a Commission, or a student of any branch of geomatics	
Indicate Area(s) of Practice ☐ Land Surveying ☐ Photogrammetry ☐ Land Information Systems	☐ Hydrography ☐ Geodesy
I hereby apply for Membership	Approved by
Signature Date Please indicate method of payment: To pay through our secure gateway, go to the " Cheque enclosed MasterCard Visa Card Number	
Signature	Date
Form: MEM01112017PDF Please Mail of	or Fax Application to: