

Application Form MEMBERSHIP

Given Name(s): Company or Organization:	Surname:			r. Ms. Mrs.	
Office Address: City:	Given Name(s):				
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If you have checked 'Office' as mailing address, please indicate if you wish your organization or company information listed in the next issue of The Member Register	Mailing Preference	Office	Residence		
If you have checked 'Office' as mailing address, please indicate if you wish your organization or company information listed in the next issue of The Member Register	Correspondence	English 🗍	French		
Please indicate membership category applied for: Regular - Any person holding a commission as a Canada Lands Surveyor \$320 (plus GST/HST) Optional - Annual dues to be a member of Professional Surveyors Canada (PSC) \$250.00 (plus GST/HST) Associate - A non-CLS interested in CLS affairs and accepted as a member by Council \$100 (plus GST/HST) Retired - A current or former member of the ACLS who is now retired \$100 (plus GST/HST) Student - A candidate for a Commission, or a student of any branch of geomatics Indicate Area(s) of Practice Land Surveying Photogrammetry Hydrography Geodesy Land Information Systems I hereby apply for Membership Approved by Signature Date Registrar Date Please indicate method of payment: To pay through our secure gateway, go to the "forms" section and click the appropriate icon. Cheque enclosed MasterCard Visa Card Number Expiry Date Signature Date	If you have checked 'Office'	as mailing addre	ess, please indicate if	you wish your organ	ization or
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Association of Canada Lands Surveyors