

WITH THE DIGITAL AGE UPON US, PLEASE PROVIDE AT LEAST ONE VALID EMAIL ADDRESS!
SEVERAL CHAPTERS COMMUNICATE EXCLUSIVELY VIA EMAIL.

Kentucky Association of Professional Surveyors

MEMBERSHIP APPLICATION

NAME _____ SPOUSE _____

CHAPTER _____ KY P.L.S. NO. _____ LSIT NO. _____

PLEASE PLACE **X** TO INDICATE PREFERRED ADDRESS FOR ASSOCIATION MAILING

RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ E-MAIL _____

BUSINESS NAME _____ PHONE (_____) _____

ADDRESS _____ FAX (_____) _____

CITY _____ MOBILE (_____) _____

STATE _____ ZIP _____ E-MAIL _____

(E-Mail Address will be posted on KAPS Web Page)

BIRTHDAY _____ Website _____

(Website will be posted on KAPS Web Page)

EDUCATION (YRS COMPLETED) _____ HIGH SCHOOL _____ COLLEGE _____

HIGHEST DEGREE _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE ON THIS APPLICATION ARE CORRECT AND THAT IF ELECTED I AGREE TO BE BOUND BY THE CONSTITUTION AND BY-LAWS OF THE ASSOCIATION.

SIGNATURE _____ DATE _____

CLASSIFICATION OF MEMBERSHIP

- AFFILIATE MEMBER \$87.50
- ASSOCIATE MEMBER \$87.50
- COMPATRIOT MEMBER \$87.50
- CORPORATE MEMBER \$240.00
- FULL MEMBER \$175.00
- HONORARY MEMBER \$0.00
- LIFE MEMBER \$0.00
- STUDENT MEMBER \$0.00
- SUSTAINING MEMBER \$87.50

PRORATION OF DUES
(for New Members only)

Date of Application	Amount
January 1 through June 30	100% of Annual Dues
July 1 through December 31	75% of Annual Dues

MEMBERSHIP FEE INCLUDES CHAPTER DUES

M.C./VISA # _____

Security "V" Code (Last 3 digits on back of card): _____

Expiration Date _____

Signature _____

Referred by: _____

MAIL TO:
KAPS
124 WALNUT STREET
FRANKFORT, KY 40601

