

New Mexico Professional Surveyors

2022 Membership Application

Last Name

First Name

Mailing Address

City

State / Zip Code

Phone (area code)

Employer Name

E-mail Address
(please print legibly)

Membership Type **Chapter**

Member Directory will be published on the NMPS website. Check Box if you wish to opt out.

PLEASE MAKE CHANGES AS REQUIRED

Corresponding members may belong to any chapter

Full Member	\$165/yr	Corresponding Member	\$124/yr	Four Corners (Farmington)	Middle Rio Grande (Albuquerque)
Sustaining Member	\$291/yr	Retired / Life Ach Recipients	\$0/yr	Las Vegas (Las Vegas)	North Central (Santa Fe)
Corporate Member	\$907/yr	Technician/Intern	\$124/yr	Llano Estacado (Roswell/Hobbs)	Southern Rio Grande (Las Cruces)
Associate Member	\$82/yr	NMSU / CNM Students	\$0/yr		

FULL MEMBERSHIP – is for the Professional Surveyor, and you must be a licensed PS.
SUSTAINING MEMBERSHIP – is for a NM Professional Surveyor who wishes to show additional support to NMPS.
CORPORATE MEMBERSHIP – is for a surveying related Company, and must be approved by the membership committee.
ASSOCIATE MEMBERSHIP – is for a Non PS who is associated with or sincerely interested in the surveying profession.
CORRESPONDING MEMBERSHIP – is for a Licensed NM Professional Surveyor who resides outside of New Mexico.
RETIRED MEMBERSHIP – is for NM Professional Surveyor with retired status with the NM Board of Registration.
TECHNICIAN/INTERN MEMBERSHIP – is for either a Survey Technician or Land Surveying Intern.

	Dues	<input style="width: 100%; height: 25px;" type="text"/>
	NSPS Dues (\$50/yr)*	<input style="width: 100%; height: 25px;" type="text"/>
	NMPS Ed. Foundation Support	<input style="width: 100%; height: 25px;" type="text"/>
	Reinstatement Fee	<input style="width: 100%; height: 25px;" type="text"/>
	Total Amount Due	<input style="width: 100%; height: 25px;" type="text"/>

**Full, Sustaining, or Corresponding members do not pay
All other types include \$50 fee to opt in to NSPS Membership*

There is a \$15 Reinstatement Fee for all Membership Applications not postmarked by February 28, 2022 (Excluding First Time Members)

I hereby authorize NMPS to bill my credit card for Total Amount Due:

Card No:

Name on Card:

Billing Address:

City / State:

Zip Code: **Exp. Date:** **CVV:**

Note: All credit card charges will incur a 3% processing fee

RETURN COMPLETED FORM AND CHECKS MADE PAYABLE TO:
 NMPS Executive Director
 412 N. Dal Paso
 Hobbs, NM 88240
 Or email to patty.nmps@gmail.com

OFFICE USE ONLY: Postmark Date _____	Inv # _____
	CK # _____