



Membership Application

Full Name: _____

Company Name: _____

Mailing Address: _____

City/State/Zip: _____ Home Work

E-mail Address: _____

****Please note that IPLSA relies on e-communications to reach members, therefore an e-mail address is required.****

Home Phone: _____ Business Phone: _____

Chapter Preference: _____ License Number: _____

Click here to exclude your information from the electronic directory.

Click here to be excluded from the Find a Surveyor Directory.

Membership Classification (check one)

Active - \$295.00*

Surveyor-In-Training - \$130.00*

Check here if you are a newly licensed PLS or SIT and are taking advantage of your 1-year free membership

License Date: _____

Affiliate - \$100.00

Associate - \$105.00

Retired Active - \$150.00

Student (full-time) - \$40.00

Sustaining - \$295.00

Allied Partners (formerly Supporting Members) can request an Allied Membership form by calling 217-528-3053 or emailing info@iplsa.org.

Check

Check Number: _____ Amount of Payment Enclosed: _____

Remit correct amount by check or money order, payable to IPLSA.

MasterCard, Visa or American Express

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____ Security Code: _____

Card Billing Address: _____

Signature: _____

Return form with payment to:

IPLSA • 100 East Washington Street • Springfield, IL 62701 • Fax: (217) 528-6545

Join online at IPLSA.org • Email: info@iplsa.org