

Membership Application

Return this portion with your payment(s). Please call IPLSA at 217.528.3053 or e-mail info@iplsa.org with questions.

Full Name: _____

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

This address is: Home Work

E-mail Address: _____

****Please note that IPLSA is increasing e-communications and online event registration for seminars and conference. To ensure you are included on these communications, 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)

- | | |
|---|---|
| <input type="checkbox"/> Active - \$295.00* | <input type="checkbox"/> Surveyor-In-Training - \$130.00* |
| <input type="checkbox"/> Affiliate - \$100.00 | <input type="checkbox"/> Associate - \$105.00 |
| <input type="checkbox"/> Student (full-time) - \$0.00 | <input type="checkbox"/> Retired Active - \$150.00 |
| <input type="checkbox"/> Sustaining - \$295.00 | |

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

Payment can be made by Check, MasterCard, Visa or American Express.

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

License Date: _____

Payment

Amount of Payment Enclosed: _____ Check Number: _____

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

Credit Card Number: _____ Exp. Date: _____ Security Code: _____

Name on Card: _____

Card Billing Address: _____

Signature: _____

**Return form with payment to
IPLSA · 100 East Washington Street · Springfield, IL 62701 · Fax: (217) 528-6545
Join online at www.IPLSA.org**