MEMBERSHIP APPLICATION

SELECT MEMBERSHIP CATEGORY

☐ MEMBER: Any duly elected or appointed County Surveyor, Deputy County Surveyors, Survey Managers, or other similar positions ................................................................. $60.00
☐ ASSOCIATE: Any person interested in the programs relating to or of interest to NACS ....................... $25.00
☐ ASSOCIATION: Organizations of state associations of County Surveyors ............................................. $100.00
☐ CORPORATE: Any corporation interested in the programs relating to or of interest to NACS .......... $250.00

MEMBERSHIP INFORMATION

Full Name ____________________________________________
Title __________________________________________________
County ________________________________________________
Mailing Address _________________________________________
City, State, Zip __________________________________________
Phone ______________________ Fax _________________________
Email __________________________________________________
County Surveyor’s Office Website __________________________

PAYMENT INFORMATION

Amount Enclosed: $_________ ☐ Check (Payable to NACS) ☐ Credit Card (Visa/MC, AMEX)
Credit Card # ________________________________
Expiration Date _________ CID (3 digits on back for Visa/MC or 3 digits on front for AMEX) ______________
Billing Address ____________ Billing Zip Code ________________________________

Mail to: National Association of County Surveyors
526 South E Street - Santa Rosa, CA 95404
Fax to: (707) 578-4406

Questions? (707) 578-1130 or nacs@countysurveyors.org