

MEMBERSHIP APPLICATION

Professional Society of Forensic Mapping
414 W. Avenue D
McPherson, KS 67460



ANNUAL DUES EXPIRE JULY 1 OR ANY PORTION THEREOF

MEMBERSHIP TYPE: ASSOCIATE \$20 FULL \$30

RENEWAL **COMPLETE SECTIONS THAT HAVE CHANGED**

PERSONAL INFORMATION

NAME

PREFIX (Dr., Lt., Sgt.)

ADDRESS

CITY

STATE, ZIP 00000-0000

PHONE 000-000-0000

NAME OF EMPLOYER

TYPE OF BUSINESS

DUTIES

If Less Than 5 Years, list other work experience. Attach additional pages as needed.

Training: List Location, Date, Sponsor Organization, Instructor's Name(include copy of any certificate received) Attach additional pages as needed.

LIST OTHER RELATED AFFILIATIONS

ORGANIZATION

MEMBER SINCE

ORGANIZATION

MEMBER SINCE

ORGANIZATION

MEMBER SINCE

REFERENCES

NAME

TITLE

ADDRESS

PHONE

NAME

TITLE

ADDRESS

PHONE

NAME

TITLE

ADDRESS

PHONE

CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I hereby certify that the information in this application is correct. The information provided is to be used to determine the conditions of membership to be extended. I understand that the other sources of information may be considered in making the determination. Further, I hereby authorize my employer and trade references listed here to release information necessary to verify the stated information.

SIGNATURE _____ TITLE _____ DATE _____

OFFICE USE ONLY

TEST SCORE

AMOUNT INCLUDED