Washington State Section
American Congress on Surveying and Mapping

MEMBERSHIP RENEWAL FORM

REQUIREMENTS: **1. NATIONAL MEMBERSHIP IN THE ACSM**
2. SUBMIT ANNUAL DUES OF $15.00

NAME: _____

LAST **FIRST** **MI**

OCCUPATION/TITLE: _____

EMPLOYER: _____

ADDRESS FOR MAILINGS: BUSINESS _____ **HOME**_____

STREET: _____

CITY: _____ **STATE:**_____ **ZIP:** _____

EMAIL: _____ **PHONE:** _____

OTHER MEMBERSHIPS:

LSAW _____ **ASPRS** _____ **URISA** _____ **AM/FM** _____ **ASCE** _____

REGISTRATION: **ENGINEER**_____ **LAND SURVEYOR**_____ **OTHER**_____

PRINCIPLE INTERESTS: **MEMBERSHIP** _____ **EDUCATION** _____ **ADMINISTRATION** _____

MEETINGS ARE HELD ON THE THIRD THURSDAY OF EACH MONTH AT:

ANGELO'S RESTAURANT, 1830 130TH AVENUE NE IN BELLEVUE

PLEASE COMPLETE AND RETURN TO: **WSS/ACSM**
PO BOX 372
BELLEVUE, WA 98009-0372

Date Received: _____ **By:**_____ **Check/CASH:** _____