

APPLICATION FOR MEMBERSHIP
PROFESSIONAL
SURVEYORS
ASSOCIATION
OF NEBRASKA



NAME _____
(LAST NAME) (FIRST) (MIDDLE)

OCCUPATION _____ SPOUSE'S NAME _____

ENGAGED IN: PRIVATE PRACTICE _____ INDUSTRY _____ PUBLIC UTILITY _____ EDUCATION _____

AGENCY OF GOVERNMENT: MUNICIPAL _____ COUNTY _____ STATE _____

FEDERAL _____ OTHERS (DESCRIBE) _____

EMPLOYED BY: _____

_____ BUSINESS ADDRESS _____ PHONE NUMBER () _____
STREET AND NUMBER

CITY _____ STATE _____ ZIP _____

_____ HOME ADDRESS _____ PHONE NUMBER () _____
STREET AND NUMBER

CITY _____ STATE _____ ZIP _____

CHECK THE PREFERRED MAILING ADDRESS

DATE AND PLACE OF BIRTH: _____

EDUCATION YEARS COMPLETED HIGH SCHOOL _____ COLLEGE _____ OTHERS _____

DIPLOMAS, CERTIFICATES, OR DEGREES _____

NAME OF SCHOOLS ATTENDED _____

EXPERIENCE IN OCCUPATIONAL FIELD OF INTEREST:

NUMBER OF YEARS: SUB-PROFESSIONAL _____ PRE-PROFESSIONAL _____ PROFESSIONAL _____ (_____)
TOTAL

PROFESSIONAL REGISTRATION – IF REQUIRED GIVE STATE AND REGISTRY NUMBER:

LAND SURVEYOR _____ ENGINEER _____

OTHERS _____

CHECK THE MEMBERSHIP APPLIED FOR:

ACTIVE _____ RETIRED _____ ASSOCIATES _____ SUSTAINING _____ PROFESSIONAL AFFILIATE _____ AFFILIATE _____

RECOMENDED BY: _____

PSAN MEMBER

DATE _____ 20 _____ SIGNATURE _____

APPLICANT

Please send completed form to:

Connie Arnold
PSAN Administrative Secretary
813 Marian Rose Ave.
Herman, NE 68029-4055