SOUTH CAROLINA SOCIETY OF PROFESSIONAL LAND SURVEYORS AUXILIARY

Application of Membership

NAME _____
LAST FIRST MIDDLE INITIAL

PREFERRED NAME OR
NICKNAME _____

SPOUSE NAME _____

CHILDREN, IF ANY:

NAMES	AGES	BIRTHDATES
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MAILING ADDRESS

_____

_____

TELEPHONE: (H) _____ (W) _____

FAX: _____ EMAIL: _____

BIRTHDATE: Month _____ Day _____

OCCUPATION _____

HOBBIES & INTEREST AS WELL AS ANY ACTIVITIES YOU WOULD LIKE TO SEE THE AUXILIARY PARTICIPATE OR SPONSOR:

_____

_____

_____

_____

For Officer Use Only:

DUES: $10.00 2007-08 PAID ___________

MAIL TO:
Vicki Tripp, Treasurer
SCSPLS Auxiliary
916 Dougherty Road
Aiken, SC 29801