

APPLICATION FOR MEMBERSHIP  
PROFESSIONAL  
SURVEYORS  
ASSOCIATION  
OF NEBRASKA



NAME \_\_\_\_\_  
(LAST NAME) (FIRST) (MIDDLE)

OCCUPATION \_\_\_\_\_ SPOUSE'S NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_

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 \_\_\_\_\_

RECOMMENDED 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