



Professional
Surveyors
Association of
Nebraska



APPLICATION FOR MEMBERSHIP

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: _____

Check the Preferred Mailing Address Home Business

Business Address: _____ Phone Number: _____
(Street and Number)

City: _____ State: _____ Zip: _____

Home Address: _____ Phone Number: _____
(Street and Number)

City: _____ State: _____ Zip: _____

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 _____

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:
 Gwen Bowers
 PSAN Administrative Secretary
 PO Box 83206
 Lincoln, NE 68501