



Minnesota Society of Professional Surveyors

Chapter 3 - Hiawathaland

New Membership Form

Name: _____

Company: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

E-Mail: _____

Licensed Member: **\$30.00 per year**

LSIT's & Technicians: **\$15.00 per year**

Please make checks payable to: **MSPS Chapter 3**

Mail Check and form to:

Will Ziemann
c/o Massey Surveying
PO Box 100
Kasson, MN 55944
Phone # (507) 634-4505