

Montana Association of Registered Land Surveyors 2024-2025 Membership Application

Applicant's Nan	ne	
Company Name		
Address		
City	State Zip Code	
Phone		
Email		
Montana PLS#	or LSI License #	

Are you registered in any states other than Montana? If yes, list:

Check Class of Membership Application:

\$230 - Active PLS Member - Professional Land Surveyor in good standing in the State of Montana. (voting member)

\$125 – **Fellow Member** – Any licensed PLS in good standing in the State of Montana, actively engaged in land surveying for not less than 15 years, active member for not less than 5 years. Members must have MARLS BOD approval and accepted on 2/3 quorum of voting members. # of Fellows should not exceed 10% of membership. (voting member)

\$0 - Life Membership – Any person who has reached the age of sixty years and has been an Active member for at least 15 years **or** any person licensed as a PLS in MT in good standing for a min of 25 years and has been an active member for a at least 15 years, must have MARLS BOD approval. (voting member)

\$80 - Associate Membership – Any person who is not a licensed PLS in the State of Montana and is actively training as a land surveyor under the direction of a Licensed Professional Land Surveyor. (non-voting member)

\$190 - Non-Resident PLS Membership - PLS who resides outside Montana and does not practice in Montana. (non-voting member)

\$190 - Affiliate Membership - Any person in a profession or business associated with the profession of land surveying who is approved by the MARLS BOD. (non-voting member)

\$230 - Sustaining Membership - An individual or institution that desires to assist financially in the work of the Association. (non-voting member)

\$20 - Student Membership - Any person who is enrolled as a student in a higher education surveying curriculum. (non-voting member)

I agree to observe the By-Laws of the Montana Association of Registered Land Surveyors and to support it in its endeavors.

Signature _____ Date_____

Options for Payment:

One-time credit card payment for dues processing

 Visa/MC/D/AE # ______ Exp. Date: _____ / ____

 CVVC Code: ______ Billing Zip Code: _____ (3% convenience fee added to credit card payment)

Check Payment mail to: MARLS Treasurer c/o Joe Kauffman, P.O. Box 170, Sidney, MT 59270

Email application to: accounting@marls.com

Payment inquires contact Andria at 406-480-5228 Membership questions contact Tisha at <u>admin@marls.com</u> or 406-585-3559 Membership applications are available at <u>www.marls.com</u>