

# Lower Mainland British Columbia Land Surveyors Group

## Membership Application

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First Name: \_\_\_\_\_ (required)

Last Name: \_\_\_\_\_ (required)

Home City: \_\_\_\_\_ (optional)

Firm: \_\_\_\_\_ (required)

Firm City: \_\_\_\_\_ (required)

Email address: \_\_\_\_\_ (required)

Phone number: \_\_\_\_\_ (optional)

Status (check all that apply):

- ☐ Practicing BCLS
- ☐ Non Practicing BCLS
- ☐ Land Surveyor in Training
- ☐ Survey Student
- ☐ ABCLS Life Member
- ☐ ABCLS Vice President/ President/ Past President
- ☐ ABCLS Current Board Member

- ☐ I would like to join the Lower Mainland BC Land Surveyors Group as a member, and give authorization for the group to send me emails notifying me about upcoming meetings/ events, updates, news and questionnaires.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print name)

Please note that if you are a member of the Lower Mainland BC Land Surveyors Group, and would no longer like to be a member and receive emails, please contact us at [lowermainland.bcls.group@outlook.com](mailto:lowermainland.bcls.group@outlook.com) and we can remove you from the group and mailing list.