National Society of Professional Surveyors Foundation Inc.

YOUR SURVEYING, MAPPING AND LAND INFORMATION SCIENCES FOUNDATION

"a non profit organization dedicated to the past, present, and future of the surveying profession and its members"

6 Montgomery Village Avenue, Suite 403 Gaithersburg, MD 20879 Phone: (240) 632-9716 Fax: (240) 632-1321

MEMBERSHIP RENEWAL DONATION NOTICE

JUNE 2006

Dear Foundation Member:

ON CARD

Your continued support of the Foundation through your membership contribution has done much to make this one time dream a reality. As you are aware, Regular, Century, and Sustaining memberships are renewable on a yearly basis, these memberships must be renewed each calender year.

At this time your Foundation is asking for your continued support by the renewal of your membership. It is only through such support that the Foundation can continue to grow and achieve its goals.

The membership categories are shown below, kindly check the appropriate box and return the lower portion of this sheet with your contribution. You will receive your membership card and a receipt for your contribution by return mail. Your contribution is tax deductible under I.R.S. regulations.

The Board of Trustees and the Membership of the National Society of Professional Surveyors Inc. would like to thank you in advance for your continued support of the Foundation and its work.

				Yo	urs truly,
				Jos	seph M. Dolan, Chairman
			DETACH HERE	,	
TO: NATION.		1EMBERS			ATION INC.
FROM:		(1.10	are checks payable to	1131 31)	
INDIVIDUAL AND/OR CO	ORPORATE	NAME	DATE	MA	ILING ADDRESS
AREA CODE-TELEPHONE NUMBER				CITY, STATE, ZIP	
Gentleman: Enclosed find my continuous circled below; please for					wal donation in the category l
Membership categories:	1 2 3 4	Regular Member - a contributor of \$50 Century Member - a contributor of \$100 Sustaining Member - a contributor of \$500 Lifetime member - a contributor of \$5000 in a lump sum or in a five year period.			
You may also use your Visa	or Maste	rcard to indica	ate your contribution	; if you wish to do so, p	please complete the following:
NAME AS IT APPE	ADC		CARD NI IMRER	FYPIR ATION	ALITHORIZED SIGNATURE

DATE