

THE HYDROGRAPHIC SOCIETY OF AMERICA

MAILING ADDRESS: P.O. BOX 1095 | CHESHIRE, CT 06410

PHONE: +1 (774) 773-8470

MEMBERSHIP APPLICATION

COMPLETE THE APPLICATION BELOW AND RETURN WITH PAYMENT TO THE ADDRESS LISTED ABOVE OR SIGN UP FOR MEMBERSHIP ONLINE AT WWW.THSSOA.ORG/JOIN-US. TO PAY BY CREDIT CARD, SIGN UP ONLINE OR SUBMIT THIS APPLICATION AND PAYMENT INSTRUCTIONS WILL BE PROVIDED UPON RECEIPT OF APPLICATION.

MEMBERSHIP LEVEL (SELECT ONE)

INDIVIDUAL (\$35) CORPORATE (\$125) RETIRED (\$15) STUDENT (\$10)

MEMBERSHIP ASSOCIATION (SELECT ONE)

NATIONAL HOUSTON CHAPTER MIDWEST CHAPTER NATIONAL CAPITAL CHAPTER
 SOUTHEAST CHAPTER WEST COAST CHAPTER LATIN AMERICA CHAPTER

CONTACT INFORMATION

TITLE

NAME (FIRST, MIDDLE, LAST) (ALL CAPS PLEASE)

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EMPLOYER/UNIVERSITY E-MAIL

OFFICE NUMBER MOBILE NUMBER FAX NUMBER

BEST CONTACT NUMBER OFFICE MOBILE CHECK BOX IF EMPLOYER NAME IS PART OF MAILING ADDRESS

MAILING ADDRESS

CITY STATE/PROVINCE ZIP CODE COUNTRY

JOB TITLE COMPANY WEBSITE

MAILING LIST (PLEASE SELECT THE MAILING LIST(S) YOU WOULD LIKE TO BE A PART OF)

NATIONAL HOUSTON CHAPTER MIDWEST CHAPTER NATIONAL CAPITAL CHAPTER
 SOUTHEAST CHAPTER WEST COAST CHAPTER LATIN AMERICA CHAPTER

IF YOU ARE SIGNING UP FOR CORPORATE MEMBERSHIP, ENTER THE SECOND MEMBER'S INFORMATION BELOW.

CORPORATE MEMBER 2 NAME (FIRST, MIDDLE, LAST) (ALL CAPS PLEASE)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CORPORATE MEMBER 2 E-MAIL

STATEMENT: I/WE WISH TO APPLY FOR MEMBERSHIP IN THE HYDROGRAPHIC SOCIETY OF AMERICA (THSSOA). I/WE AGREE TO FURTHER THSSOA'S MISSION OF PROMOTING EDUCATION IN OFFSHORE SURVEY, POSITIONING AND MAPPING, INCLUDING HYDROGRAPHY AND RELATED EARTH SCIENCES. MY/OUR MEMBERSHIP INFORMATION IS/ARE GIVEN ABOVE.

SIGNATURE DATE: