

Kentucky Association of Mapping Professionals

Name: Title:

Organization:

Mailing address:

City: State: Zip Code:

Phone:

Email:

URL:

I hereby make application for membership in the Kentucky Association of Mapping Professionals (KAMP). If admitted, I will abide by the Constitution and By-laws and support the objectives of KAMP.

Signature

date

I am making application for:

New Membership

Renewal

| | |
|---|---------------------------------------|
| <input type="checkbox"/> Regular Membership | \$25 |
| <input type="checkbox"/> Corporate Membership | \$75 (Business Members Only) |
| <input type="checkbox"/> Student Membership | \$5 (Include Photocopy of Student ID) |

Please mail this form and make check payable to:
Kentucky Association of Mapping Professionals
P.O. Box 1411 - Frankfort, KY 40602-1411