

## *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 40602-141