

Professional Experiences (cont.):

Job Title _____

Employer _____

City _____ State _____

Nature of Business (government, academic, consulting, etc.)

Employment Period ____/____/____ to ____/____/____
Month/Year Month/Year

Percent time on soil related work: _____%

Work functions _____

Professional Experiences (cont.):

Job Title _____

Employer _____

City _____ State _____

Nature of Business (government, academic, consulting, etc.)

Employment Period ____/____/____ to ____/____/____
Month/Year Month/Year

Percent time on soil related work: _____%

Work functions _____

14. References (List the names of three PSSAC Regular Members, ARCPACS certified soil scientists, or soil science/agronomy professors who are familiar with your work as a soil scientist and who may be contacted to confirm information given in this application):

1) Name _____

Address _____

Phone _____

2) Name _____

Address _____

Phone _____

3) Name _____

Address _____

Phone _____

15. I, _____, hereby certify that the information contained on this application is true and correct to the best of my knowledge.

Signature _____

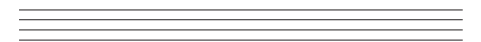
Date _____

Please enclose a check payable to PSSAC (or pay online with the PayPal link from the website's "Membership" page):

- Annual dues for Professional Members are \$35.00.
- Annual dues are \$10.00 for Candidate Members and Associate Members.
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PROFESSIONAL
SOIL SCIENTISTS
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Membership Application

P.O. BOX 5972 • Vacaville, CA 95696
(707) 447-2135 Ext. 2
<http://www.pssac.org>

