

Professional Soil Scientists Association of California—MEMBERSHIP APPLICATION

There are **five classes** of PSSAC membership: **Professional, Candidate, Associate, Student, and Honorary**. The criteria for each class of membership may be found online at <http://www.pssac.org/membership.html>

This application is for:

- Professional Membership (complete entire form)
- Associate Member (complete #'s 1-5; & 15)
- Student Membership (complete #'s 1-5; & 15)
- Candidate Membership (candidate for Professional, but who lacks required years of experience, complete entire form)

Answers to the following questions must be printed legibly, and the application must be signed.

- 1. Name _____
- 2. Residence Address _____
City _____ State _____ Zip _____
- 3. Business Name _____
Address _____
City _____ State _____ Zip _____
- 4. Preferred Mailing Address: Residence Business
- 5. Phone, Email, Website
Residence _____ Business _____
Preferred Email: _____
- 6. I am currently certified as a CPSS and/or CPSC. My certification number(s) are: _____

7. College or University Education (most recent first):

- Name of University _____ City & State) _____
- Major _____ Degree/ Date R'cvd _____
- Name of University _____ City & State) _____
- Major _____ Degree/ Date R'cvd _____
- Name of University _____ City & State) _____
- Major _____ Degree/ Date R'cvd _____

8. Soil Sciences courses or related courses completed: include Course Title and Hours (Quarter or Semester Units):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Areas of Specialization in which you are qualified to practice (check all that apply):

- Genesis Mapping Toxic Substances Environ. Assessment Conservation
- Plant Nutrition Hydraulics Fertility Mgmt. Microbiology Classification
- Wetland Delineation Chemistry Mineralogy Reclamation Morphology
- Erosion Control Stratigraphy Mechanics Waste Management Biochemistry
- Water Management Physics Other _____

10. Licenses & Registrations (e.g. CPSS, REA, PE, etc.) _____

11. Professional Organizations in which you are a member: _____

12. (Optional) Reports, professional publications, and software that you have authored or co-authored: _____



PROFESSIONAL SOIL SCIENTISTS ASSOCIATION OF CALIFORNIA

Membership Application

P.O. Box 5972 • Vacaville, CA 95696 (707) 447-2135 • info@pssac.org http://www.pssac.org

13. Professional Experiences: Job Title Employer City State Employment Period (Month / Year to (Month / Year Nature of Business (government, academic, consulting, etc.) Percent of time on soil related work: % Work functions:

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14. References (List the names of three PSSAC Professional Members, CPSS/CPSC 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 (include Name, Address, Phone and Email for each reference):

- A. B. C.

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

Signature Date

Enclose applicable "annual dues" check payable to PSSAC, or pay online with PayPal from the Membership page of the website: Professional Member (\$35); Candidate Members (\$10); Associate Members (\$10); Student Members (\$5).