

# 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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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 (\$55); Candidate Members (\$20); Associate Members (\$20); Student Members (\$10).