

# 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):

- |  |                                       |   |  |   |
|--|---------------------------------------|---|--|---|
| <input type="checkbox"/> Genesis             | <input type="checkbox"/> Mapping      | <input type="checkbox"/> Toxic Substances | <input type="checkbox"/> Environ. Assessment | <input type="checkbox"/> Conservation   |
| <input type="checkbox"/> Plant Nutrition     | <input type="checkbox"/> Hydraulics   | <input type="checkbox"/> Fertility Mgmt.  | <input type="checkbox"/> Microbiology        | <input type="checkbox"/> Classification |
| <input type="checkbox"/> Wetland Delineation | <input type="checkbox"/> Chemistry    | <input type="checkbox"/> Mineralogy       | <input type="checkbox"/> Reclamation         | <input type="checkbox"/> Morphology     |
| <input type="checkbox"/> Erosion Control     | <input type="checkbox"/> Stratigraphy | <input type="checkbox"/> Mechanics        | <input type="checkbox"/> Waste Management    | <input type="checkbox"/> Biochemistry   |
| <input type="checkbox"/> Water Management    | <input type="checkbox"/> Physics      | <input type="checkbox"/> 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 1464 • Atascadero, CA 93423
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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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