

Professional Soil Scientists Association of California—MEMBERSHIP APPLICATION

There are **five classes** of PSSAC membership: **Professional, Regular, 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)

- Regular 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 _____

4. Preferred Mailing Address: Residence Business

2. Residence Address _____

5. Phone, Email, Website

City _____ State _____ Zip _____

Residence _____ Business _____

3. Business Name _____

Preferred Email: _____

Address _____

6. I am currently certified as a CPSS and/or CPSC. My

City _____ State _____ Zip _____

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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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 many 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); Regular Members (\$20); Associate Members (\$20); Student Members (\$10).