

Professional Soil Scientists Association of California—MEMBERSHIP APPLICATION

There are **six classes** of PSSAC membership: **Professional, Regular, Associate, Student, Emeritus, 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 _____
- 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: _____

Professional Experiences: Job Title _____ Employer _____
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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); Regular Members (\$30); Associate Members (\$30); Student Members (\$10).