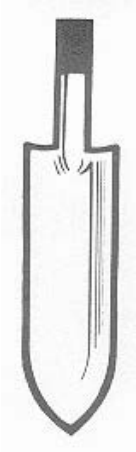
Connecticut
Massachusetts
Rhode Island

Society of Soil Scientists of Southern New England

PO Box 258, Storrs, CT 06268
www.ssssne.org | www.twitter.com/SoilSNE



Membership Application Form

Please fill out and mail with check (non-refundable) and documents to the PO Box

DATE:

NAME:

EMAIL ADDRESS:

TELEPHONE

(Home):

(Office):

ADDRESS (Home):

Street:

Town:

State:

Zip:

ADDRESS (Office):

Street:

Town:

State:

Zip:

Class of membership:

☐ PROFESSIONAL ($40.00)

☐ BASIC ($40.00)

☐ ASSOCIATE ($20.00)

List college/University, major course of study, degree(s), and date:

If application is for Basic Member, provide official transcript(s) of college courses (experience information optional but preferred).

If application is for Professional Member, provide:

a) official transcript(s) of college courses,

b) detailed information concerning types and amount of soil science experience, and c) letters from two qualified soil scientists attesting to your qualifications and work experience.

Signature of Applicant:

PLEASE SEND application, supporting materials, and non-refundable membership fee (check payable to SSSSNE) to:

President, SSSSNE, P.O. Box 258, Storrs, CT 06268