



**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):

Business Name:

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 (Please Fill out the Checklist at end of this form also):

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

