



affiliated with

PO Box 871,
Mechanicsburg, PA 17055

MEMBERSHIP APPLICATION FORM

Name: _____

Home Address: _____

Office Address: _____

Telephone: _____

Telephone: _____

Telephone: Mailing Address for PAPSS Correspondence: Home Office

E-Mail Address: _____

1. Type of membership (circle one; check qualifications listed in Article II - Membership of the Bylaws):
Professional Member Apprentice Member Associate Member Student Member

2. List the university or college from which you received your degree(s):

University/College	Department	Degree	Major/Minor Area	Date

3. List the courses (description and credits) on the reverse side that you have taken that fulfill the Bylaws requirements and attach a transcript of your academic records if your qualifications for membership relate to Article II, Section 2.0, paragraphs a) or b). Also provide proof of ARCPACS certification, OPM GS-5 Soil Scientist rating or NSCSS registration in accordance with paragraphs c), d) or e).

4. Attach a resume including professional soil scientist positions held--include names of employers, duties, responsibilities, activities, and dates of employment for each position. Summarize your professional experience as it relates to Section 2.1 of Article II - Membership in the Bylaws. Include only time spent on work activities relating to soil classification, mapping, and interpretations.

5. As part of your submission, please include examples of projects in which your responsibilities included soil classification, mapping, or interpretations. Include other significant soil activities and membership in professional and honorary organizations.

6. List one or more members of the association who will act as a reference for you. References will be requested to submit a confidential evaluation. _____

7. Reason for applying for membership in PAPSS. _____

8. I hereby certify that all information submitted in support of this application is correct and true to the best of my knowledge. I have read and fully subscribe to the PAPSS Code of Ethics.

Signature: _____ Date: _____

Please send application to the President of the association with an application fee of **\$35.00 (\$15.00 for Students) payable to PAPSS.**

Note: To upgrade your member status, a new application must be submitted with the additional information supporting the class of membership requested.

EDUCATION

Core Soil Courses

Semester Hour Credits

Other Biological, Physical, or Earth Sciences Courses

Semester Hour Credits



Pennsylvania Association of Professional Soil Scientists

PROFESSIONAL EXPERIENCE FORM

Beginning with the first professional-level position beyond the baccalaureate degree, list all *full-time* positions in order of occurrence. Begin with the first and end with the current position; list inclusive dates (10/86-12/88) for all positions and employers. Indicate any concurrent positions at the percent full time. Also be specific as to the major duties and responsibilities of each position by indicating the percent time spent on an annual basis that you performed these duties.

Name: _____

Employment Information

No.	Length From To	Degree Level	Employer Name, Location	Professional Title	Percent Full Time	Duties and Responsibilities	Percent Time Per Activity
01	Example #1 6/81-9/84	BS	XYZ Environmental	Staff Soil Scientist	100	Field Soil Mapping Soil Data Collection, Interpretation and Classification Staff Training Project Development/Research Proposals	50 30 15 5
02	Example #2 5/85-9/87	MS	Soil Science University	Research Assistant Graduate Student	50 50	Field Soil Sample and Data Collection Data Analysis MS Degree Courses in Soil Science	60 40 50
01							
02							
03							

Employment Information (Continued)

No.	Length From	To	Degree Level	Employer Name. Location	Professional Title	Percent Full Time	Duties and Responsibilities	Percent Time Per Activity
04								
05								
06								
07								
08								
09								