

**ILLINOIS SOIL CLASSIFIERS ASSOCIATION  
APPLICATION FOR MEMBERSHIP**

Please print or type

I. NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE \_\_\_\_\_                      \_\_\_\_\_ Home \_\_\_\_\_ Work  
(Please check one)

E-Mail \_\_\_\_\_

II. MEMBERSHIP CLASS (Check membership class you believe you qualify for. Final status will be determined by the Ethics, Certification, and Membership Committee and Executive Council.)

\_\_\_\_\_ Full Member

\_\_\_\_\_ Student Member

\_\_\_\_\_ Affiliate Member\*

\_\_\_\_\_ Out-of-State Member                      Legal residence (State) \_\_\_\_\_

\_\_\_\_\_ Retired Member                      Date retired \_\_\_\_\_

TYPE OF ACTION (Please check one)

\_\_\_\_\_ New membership

\_\_\_\_\_ Change in membership class

\* If applying for affiliate membership, complete sections I, II, and VI only.

III. EDUCATION (Year of degree, curriculum, name and location of College or University)

BS \_\_\_\_\_

MS \_\_\_\_\_

PhD \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

Please attach transcript(s) that list soils courses and number of credits earned.

