

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

_____ Associate 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.

IV. EXPERIENCE (Describe your experience in the practice of soil classifying as defined in Article II, Section 5 of the Constitution. Include dates, locations, and a brief description of the kind of experience.)

Multiple horizontal lines for writing experience details.

OTHER QUALIFICATIONS OR EXPERIENCES (e.g. professional society activities)

Multiple horizontal lines for writing other qualifications or experiences.

V. REFERENCES: Provide name and phone number of two references. If possible, one should be a member of ISCA).

Two horizontal lines for writing references.

VI. I hereby certify that the information stated above is true to the best of my knowledge. I have read and fully subscribe to the Illinois Soil Classifiers Association Code of Ethics.

Signature _____ Date _____

Date Received _____

Date of Action _____

Approved _____

Denied _____