



INDIANA ASSOCIATION OF PROFESSIONAL SOIL CLASSIFIERS, INC.

Application for Membership



Name : _____

Address : _____

City : _____

State : _____ ZIP Code _____

Email address: _____

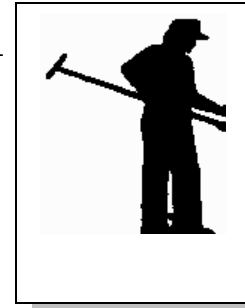
Home Phone ____ - ____ - _____ Office Phone ____ - ____ - _____

Education: (School) _____

(Major) _____ (Degree) _____

Present Occupation: _____

Work Experience (soils related) _____



Check the membership status you believe you qualify for. ["Member" status shall consist of those who meet the requirements of Soil Scientist by the Federal Civil Service Commission (Bachelor of Science degree in Soil Science, or related biological, physical, or earth science with a minimum of 30 hours of biological, physical, or earth science of which 15 hours must be soils).]

Member _____

Associate Member _____

I hereby certify that the above is true to the best of my knowledge.

Signature of Applicant

Date

Send the application and \$20.00 annual dues payable to IAPSC to: Dena Anderson
IAPSC Secretary-Treasurer
1451 East Millstone Rd.
Westport, IN 47283