FLORIDA ASSOCIATION OF ENVIRONMENTAL SOIL SCIENTISTS

FAESS MEMBERSHIP APPLICATION

CONTACT INFORMATION

Name: _____
Last First Middle

Address: _____ Email: _____
_____ (required)

Note: All contact information is kept for the private use of FAESS. The primary form of communication used by FAESS is email. A valid email address is required for membership.

EDUCATION

Institution	Degree	Year	Major

Number of Courses in Soil Science: _____ Semester Hrs: _____

EXPERIENCE

Present position: _____ Dates: _____

Previous positions: _____ Dates: _____
_____ Dates: _____
_____ Dates: _____

Background experience in soil interpretations, mapping and classification (describe):

I am applying for membership in the Florida Association of Environmental Soil Scientists.

_____ _____
Signature Date

Dues are $50/year for individuals in the U.S. and $100/year outside the U.S. Lifetime membership currently costs $500. Annual membership dues should be paid no later than the annual meeting of the current year. Annual meetings are usually held in September or October. Make check payable to the Florida Association of Environmental Soil Scientists

Mail check to: Travis Richardson, Sec-Treas
P.O. Box 357025
Gainesville, FL 32635-7025