

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: Tim Hull, Sec-Treas
P.O. Box 357025
Gainesville, FL 32635-7025