



MAINE ASSOCIATION OF PROFESSIONAL SOIL SCIENTISTS

2011 Membership Form

Name _____

Company or Affiliation _____

Address: _____

Work Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Are you a Maine Certified Soil Scientist? _____ If yes, License #: _____

Are you a USDA-NRCS Soil Scientist? _____ If yes, How many years in Maine? _____

Are you ARCPACS Certified? _____ APSS _____ CPSS _____ Certification #: _____

***Full Member - \$25**

Associate Member - \$15

Student - Free

*Full members must be Certified Soil Scientists in Maine, NRCS Soil Scientists working in Maine for at least 3 years, or have taught collegiate courses in soil science in Maine and been an associate member for at least 3 years.

Amount enclosed: _____

Please submit form and check made payable to **MAPSS** and mail to:

Gary Fullerton
104 Millturn Road
Limington, ME 04049

for more information: www.mapss.org
gfullerton@sebagotechnics.com