

MAPSS MEMBERSHIP APPLICATION

Name _____
Company or Affiliation _____
Address: _____
Work Phone: _____ Home Phone: _____ Cell Phone: _____
Fax: _____ E-mail : _____

Member Annual Dues: \$25 for *Full _____ \$15 for Associate _____ (students that join attend annual meeting for free)

(note: the information below will be posted in our membership directory (visit www.mapss.org)

Are you a Maine Certified Soil Scientist? ___ Yes License Number: _____
Are you a USDA-NRCS Soil Scientist? ___ Yes How long working in Maine? _____
Are you ARCPAC Certified? ___ Yes APSS ___ CPSS ___ Certification Number _____
Other Professional Affiliations: _____

ACADEMIC EXPERIENCE:

Undergraduate Degree(s): _____
Year of Graduation and University: _____
Graduate Degree(s): _____
Year of Graduation and University: _____

AREAS OF EXPERTISE:

___ Soil Mapping ___ Site Evaluation ___ Soil Fertility ___ Soil Erosion & Sediment Control
___ Soil Chemistry ___ Soil & Water Conservation ___ Pedology ___ Groundwater Hydrology
___ Wetland Mapping/Delineation ___ Wetland Functional Assessment ___ Land Use Planning
___ Hazardous Waste Assessment ___ Residual Sludge Appl. ___ Agronomy ___ Plant Taxonomy
___ Surficial Geology ___ R Geology ___ Forest Soils ___ Geog. Info. Systems ___ AutoCAD

GEOGRAPHIC AVAILABILITY: _____

SIGNATURE _____ DATE _____

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

PLEASE SIGN AND MAIL THIS FORM, TOGETHER WITH A CHECK
MADE OUT TO: **MAPSS** to:

Mr. Gary Fullerton
MAPSS Treasurer
104 Millturn Road
Limington, ME 04049