

**ILLINOIS SOIL CLASSIFIERS ASSOCIATION
APPLICATION FOR MEMBERSHIP**

I. CONTACT INFORMATION (Enter your preferred contact information.)

FIRST NAME _____

LAST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

E-MAIL _____

II. MEMBERSHIP CLASS (Check the membership category for which you are applying.)

Applicants for Student Member or Affiliate Member complete Parts I, II and VI only.

_____ Full Member, \$25.00 annual dues

_____ Student Member*, \$5.00 annual dues

College/University _____ Major _____

_____ Affiliate Member*, \$5.00 annual dues

_____ Out-of-State Member, \$5.00 annual dues
Legal residence (State) _____

_____ Retired Member, \$5.00 annual dues
Date retired _____

TYPE OF ACTION (Please check one)

PAYMENT OPTION (Please check one)

_____ New Member

Paid on-line

_____ Change in membership class

Payment enclosed

III. EDUCATION (Year of degree, curriculum, name and location of college or university)

BS _____

MS _____

PhD _____

OTHER _____

Applicants for Full Member or Out-of-State Member must include transcript(s) that list soils courses with number of credits earned.

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IV. EXPERIENCE (Describe your experience in the "practice of soil classifying" as defined in Article II, Section 5 of the Constitution. Include dates, locations, and a brief description of the kind of experience.)

Multiple horizontal lines for writing experience details.

OTHER QUALIFICATIONS OR EXPERIENCE (e.g. professional society activities)

Three horizontal lines for writing other qualifications or experience.

V. REFERENCES (Provide name and phone number of two references. If possible, one should be a member of ISCA.)

NAME _____ PHONE _____
NAME _____ PHONE _____

VI. I hereby certify that the information stated above is true to the best of my knowledge. I have read and fully subscribe to the Illinois Soil Classifiers Association Code of Ethics.

Signature (verified electronic signature is acceptable) _____ Date _____

Date Received by Ethics, Certification, Membership Committee _____

Date of Action _____ Approved _____ Denied _____