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

☐ Retired Member, $5.00 annual dues Date Retired _____

TYPE OF ACTION (Please check one)

☐ New Member Application

☐ Change Membership Class

PAYMENT OPTION (Please check one)

☐ Paid on-line

☐ Payment enclosed

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

BS _____

MS _____

PhD _____

OTHER _____

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

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. Note: entered text that exceeds the length of the entry blocks will scroll as needed to accommodate entries of any length.

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

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

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Date Received by Ethics, Certification, Membership Committee _____

Date of Action _____ Approved _____ Denied _____

STUDENT MEMBERS ELLIGIBLE FOR FOR THE BURT RAY SCHOLARSHIP OR WHO WISH TO APPLY FOR ISCA STUDENT MEMBER SCHOLARSHIPS MUST SUBMIT THIS MEMBERSHIP FORM WITH PAYMENT PRIOR TO OCTOBER 1.

Student Scholarship Application **Or**

MEMBERSHIP RUNS WITH THE CALENDAR YEAR. ALL APPROVED NEW MEMBERSHIPS OF ANY CATEGORY ARE VALID FOR THE CURRENT YEAR OF APPLICATION AND THE FOLLOWING CALENDAR YEAR.