



Application for Membership in the

West Virginia Association of Professional Soil Scientists



Mail completed application to:
WVAPSS, c/o Jim Thompson, P.O. Box 6108, Morgantown, WV 26506-6108
or submit electronically to membership@wvaps.org

Application Type

- Membership Application (New Member) Membership Renewal (Returning Member) Membership Change (Current Member)

Applicant Information

Name: _____

Address: _____

Phone: _____ Email: _____

Is the above address your home address or work address? Home Work

How did you hear about WVAPSS? Member Newsletter Website Other: _____

Type of Membership and Fees

(See page 3 of this application for description of qualifications for each membership level.)

- Full Member \$15 Associate Member \$15 Student Member \$5
 Honorary Member Waived Affiliate Member \$15

Annual dues are to be paid each year on or before June 30.

Are you interested in being in the WVAPSS directory of professional soil consultants? Yes No

References

List members of WVAPSS or other professional soil scientist associations whom you are using as references.

Name	Title	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Education

College	Degree	Major	Year of graduation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Indicate the number of credit hours earned in each of the following areas.

Soil Science: _____ Earth Sciences: _____ Physical Sciences: _____ Biological Sciences: _____

West Virginia Association of Professional Soil Scientists

Professional Experience

List relevant professional experiences. Begin with present position and list others in reverse order. Attach an additional sheet if necessary.

Job title: _____

Employer: _____

Address: _____

Brief description of responsibilities: _____

Dates of employment: _____ to _____

Job title: _____

Employer: _____

Address: _____

Brief description of responsibilities: _____

Dates of employment: _____ to _____

Job title: _____

Employer: _____

Address: _____

Brief description of responsibilities: _____

Dates of employment: _____ to _____

Profession Certifications

List relevant professional certifications.

I hereby request membership into WVAPSS. By my signature I affirm that the above information is true.

Signature (printed name taken as electronic signature)

Date (mm/dd/yyyy)

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Membership Qualifications

- (1) A **Full Member** shall be anyone who meets the following minimum qualifications:
 - (a) A bachelor's degree and thirty (30) semester hours in biological, physical, and earth sciences, with fifteen (15) semester hours in soils, and three (3) years work experience in mapping, classifying, interpreting, or teaching soils for land use decisions or conducting research in soils. (A master's degree in soils may be substituted for one (1) year of the work experience, and a Ph.D. degree in soils may be substituted for two (2) years of the work experience requirement).

OR

 - (b) Ten (10) years work experience in mapping, classifying, and interpreting, or teaching soils for land use decisions or conducting research in soils, plus the recommendations of three Full Members in good standing.
 - (2) An **Associate Member** shall be anyone who meets the following minimum qualifications:
 - (a) A bachelor's degree and thirty (30) semester hours in biological, physical, and earth sciences, with fifteen (15) semester hours in soils.

OR

 - (b) Five (5) years work experience in mapping, classifying, and interpreting, or teaching soils for land use decisions or conducting research in soils, plus the recommendations of three (3) Full Members in good standing.
 - (3) A **Student Member** shall be anyone pursuing an undergraduate or graduate soil science (or closely related) curriculum approved by the Executive Council.
 - (4) An **Honorary Member** shall be anyone whom the Association desires to honor because of his or her outstanding contributions to the profession, state, or nation.
 - (5) An **Affiliate Member** shall be anyone who does not otherwise qualify but who desires to participate in the advancement of the profession.
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