

Association of Ohio Pedologists

Membership Application

Date of Application _____

Personal

Name _____
Last First M.I.

Mailing Address

Street _____

City _____ State _____ Zip _____

Other Contact Information

Telephone _____ E-mail _____

Professional

Position or Title Agency, Organization or Business

Street _____

City _____ State _____ Zip _____ Phone _____

Fax _____

E-mail _____

Education

<u>Degree</u>	<u>Date</u>	<u>School</u>	<u>Semester hrs in soils</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Professional Experience (list in reverse order your experience for the past ten years)

<u>From -- To</u>	<u>Employer</u>	<u>Position/Responsibilities</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Professional Affiliations (Please also identify any leadership roles)

Hobbies or Special Interests

Referred by _____
Name or Other Source

List Three References

Name	Position	Phone or e-mail
_____	_____	_____
_____	_____	_____
_____	_____	_____

Category of Membership and Dues Schedule (Circle membership category you are applying for)

*Professional: \$40 Affiliate Member: \$20 Student: \$20

* If applying for Professional, please specify (in the space provided below) how you have fulfilled 1) the course work in soils and geomorphology and 2) the three years of work experience required for these membership categories.

Please make check payable to AOP and send completed application and check to: M. Scott Demyan, AOP Secretary, 408B Kottman Hall, 2021 Coffey Road, Columbus, Ohio, 43210