

Soil Science Society

OF NORTH CAROLINA

“...to increase and disseminate knowledge of soils of the State and their uses.”

MEMBERSHIP RENEWAL/APPLICATION

Member (s) Name: _____

Agency/Company: _____

Correspondence Address: _____

Business Telephone: _____ Home Telephone: _____

E-mail Address: _____

Check this box if your contact information has changed from last year.

*Please check **one** division of primary interest to you and your membership category:*

Academic and Research

Business, Consulting and Industry

Public Health

Governmental Agencies

*Please check **one** registration category:*

Current Member

New Member

Student Member

Please fill in the **upcoming** year for which you will be renewing AND/OR plan on attending the **upcoming** annual meeting

Membership: January 1st to December 31st

of Year

Membership Category	Dues (per member)	Quantity	Total
Individual	\$50.00		
Student	\$15.00		

TOTAL Enclosed:

Make all checks payable to: Soil Science Society of NC

\$

Send Form To:

**SSSNC
C/O Chris McGee, Treasurer
PO 25608
Raleigh, NC 27611-5608**