

Society of Soil Scientists of Southern New England
P.O. Box 258 · Storrs, CT 06268

Dear SSSSNE Member,

January 2024

We are writing to remind you to renew your membership to the Society of Soil Scientists of Southern New England. Please renew your membership before **4/1/2024** by completing ***both*** items 1 and 2:

1. Pay your annual dues using one of the following methods
 - a. Preferred: Go to the Society website (<http://nesoil.com/ssssne/>) and pay dues using PayPal or credit card
 - b. Alternatively, check payments may be made out to “Society of Soil Scientists of Southern New England” and mailed to the Society P.O. Box.

We request that you add a \$5 late fee to your dues if paid after April 1st.

2. Complete and mail the attached renewal form and include your PayPal receipt number or check number.

If you have already paid for 2024, please disregard this notice.

Dues time is a good time to check and, if needed, update your SSSSNE registry listing. Please visit <http://nesoil.com/ssssne/> to review your listing online.

- If you would like to update your listing, please do so at this time by visiting <http://nesoil.com/ssssne/update.htm>.
- Else, if you are satisfied with the listing no further action is required.

Note: Current basic or professional members should have listings in the registry. Associate members are not listed in the registry.

Thank you for your active membership with SSSSNE. We look forward to seeing you at our 2024 events currently being planned by the Board of Directors.

Respectfully,

Jacob Isleib, Secretary
Society of Soil Scientists of Southern New England

2024 SSSSNE Membership Renewal Form

Please complete this section and return it to SSSSNE at P.O. Box 258, Storrs, CT 06268. If using PayPal, please mail the form, indicating the type of credit card, and indicate your PayPal receipt number. If mailing with a check (payable to SSSSNE), please indicate the check number.

Payment are due by 4/1/2024 for 2024 membership. **Renewals received after 4/1/2024 must add a \$5.00 late fee.**

Please include any changes to your contact information for our database, especially any updates to your mailing address and/or e-mail address.

Annual Membership Dues

Basic members:\$40.00
Professional members:\$40.00
Associate members:\$20.00
After 4/1/2024 please add \$5.00 late fee

Name: _____

Address: _____

Phone number: _____

Email address: _____

Type of membership: Professional Basic Associate

Amount enclosed: _____

Check no. _____

PayPal Receipt no (if paying via PayPal/Credit Card) _____

Suggest future workshop topics: _____

I am willing to help at an upcoming SSSSNE workshop:

Yes No

If you are willing to help at future workshops, please indicate your areas of expertise or tasks you are willing to perform:

If you have a desire to serve on a SSSSNE Board position in the future, please indicate your interest (note that Board membership qualifications are listed in the Society's By-laws):

