



Society of Soil Scientists of Northern New England

## Membership Renewal Form

Please fill in the form below so that we may verify your contact information. To renew, please include the form and your \$10 check made payable to SSSNNE and send to :

**SSSNNE**  
**c/o Treasurer**  
**PO Box 76**  
**Durham, NH 03824**

First Name:	
Last Name:	
Mailing Address:	
Company or Organization:	
Street Address or P.O. Box:	
City:	
State:	
Zip Code:	
Contact Information:	
Business Phone:	
Home Phone:	
E-Mail:	
Fax:	
Membership Category (Active or Associate):	