APPLICATION

STUDENT MEMBERSHIP

Dear Applicant:

Thank you for your interest in becoming a student member of the American Society for Enology and Viticulture.

Student membership in the Society is available to any undergraduate or graduate student at an accredited institution of higher learning who is currently enrolled: (a) as a full-time student, and (b) in an enology or viticulture degree program or a closely related scientific field of study. Closely related scientific fields of study are deemed to be those with academic programs inclusive of enology or viticulture related coursework and research (for graduate studies). Please note that if the ASEV Membership Committee is not familiar with your particular academic program then we may need your assistance in obtaining additional information. Employment is not a criteria for student membership.

Your student membership benefits are based on the calendar year (January–December) and will include:

- Annual online subscription to the quarterly American Journal of Enology and Viticulture (AJEV), including online access to full AJEV archives from 1950
- Reduced rates on all other ASEV/AJEV publications
- Significantly reduced membership registration rates to the National Conference, Unified Wine & Grape Symposium and other ASEV sponsored events for each year of membership
- Subscription to the ASEV Platform e-newsletter (sent by email and archived online)
- ASEV Technical Update—practical research articles (sent by email and archived online)
- Access to the online ASEV Membership/Affiliate Directory

Student members may purchase individual current copies of our printed quarterly Journal for $20 each.

If your application is received on or after October 1, your membership will be activated for the next calendar year unless you request otherwise on the application. You must be a current member during the calendar year of any ASEV-hosted event to benefit from reduced registration rates. Online access to AJEV will become active on January 1. If you opt for membership at this point in the current year, you will be sent an invoice for the upcoming year dues.

If you need additional information on the Society, please visit www.asev.org or contact our office.

Sincerely,

The Board of Directors

Rev.08/2011

AMERICAN SOCIETY FOR ENOLOGY AND VITICULTURE *Since 1950*

P.O. Box 1855 Davis, CA 95617-1855 USA (530) 753-3142 Fax (530) 753-3318 society@asev.org www.asev.org

AMERICAN SOCIETY FOR ENOLOGY AND VITICULTURE

Since 1950

STUDENT MEMBERSHIP APPLICATION

PLEASE TYPE OR PRINT CLEARLY. Illegible or incomplete applications will be returned. The Membership Committee is dependent on your complete information in order to activate your membership.

❑ Dr. ❑ Mr. ❑ Miss ❑ Ms. ❑ Mrs.

Name _____
Last First

Address ❑ Home ❑ Business _____

City _____ State/Province _____ ZIP/Postal Code _____ Country _____

Business Phone ( ) _____ Business Fax ( ) _____

Home Phone ( ) _____ Cell ( ) _____

Email _____
Newsletters, Technical Updates, conference announcements, and other important information are sent by email only.

Have you ever been an ASEV Member? ❑ Yes ❑ No If known, what year(s)? _____

APPLICATION INSTRUCTIONS

This application must be submitted prior to registering for any upcoming conference at reduced member rates.

CURRENT ASEV MEMBERS: Current ASEV members wishing to change their membership category should request a MEMBERSHIP REVIEW FORM. Do not complete a new membership application.

PROGRAM INFORMATION

Student membership is extended for two years maximum for Associate Science degree, five years maximum for undergraduate degree, three years maximum for masters degree and four years maximum for doctorate degree. Certificate programs do not qualify.

INSTITUTION YOU ARE CURRENTLY ATTENDING ON A FULL-TIME BASIS:

_____

DECLARED MAJOR FIELD OF STUDY (ex. Fermentation Science): _____

OFFICIAL NAME OF DEGREE (ex. Food Science-Enology): _____

If you are not pursuing a degree directly in enology or viticulture, you are required to describe your science degree program as it relates to these fields of study to be eligible for Student Membership. Please use additional sheet if necessary.

_____

_____

TYPE OF DEGREE PROGRAM YOU ARE ENROLLED IN FULL-TIME: ❑ AS ❑ BS ❑ MS ❑ PhD ❑ Other degree: _____
(If your degree is not listed, please mark the one that is most similar.) Specify

Number of years to obtain degree in your current degree program: _____ Date degree is expected: _____
Month / Year

ACADEMIC ADVISOR'S VERIFICATION:

I verify that this student is enrolled **full-time** in a qualified degree program as stated in the instructions and as indicated above. Part-time enrollment does not qualify for student membership, and certificate programs do not qualify.

_____
Institution Phone Number Email

_____
Printed Name Signature Title

MEMBERSHIP DUES

The current year annual dues rates are on the rate schedule below*. **ASEV Membership and the corresponding dues are based on a calendar year. All fees must accompany the application for membership. Refunds will not be issued.** Payment is to be made **only in U.S. dollars** and **must** be through a U.S. bank or correspondent within the U.S. Payment may be made by check, money order or by credit card (American Express, MasterCard, VISA or Discover). Bank checks must have complete numeric coding to avoid collection fees.

Student membership includes an annual online subscription to the American Journal of Enology and Viticulture (AJEV).

2011/2012 Student Membership Dues (U.S. $)
AJEV Online Only
U.S. $40
Int'l $45

***Dues will be applied to the next calendar year for applications received on or after October 1. Check here ❑ if you wish to have your dues applied to the PRESENT calendar year.**

If you are interested in a full membership or company affiliation, please request or download the appropriate application at asev.org.

ASEV PRIVACY POLICY
The following use of contact information is a condition of ASEV membership: All current ASEV members are listed in the online membership directory. The directory is not available for sale. ASEV provides the contact information for each member to ASEV contractors such as for registration, newsletters, and other distributions to members for postal and/or electronic mailings as stipulated by ASEV.

PAYMENT INFORMATION

Payments must be made payable to ASEV. Please mail the completed application and dues payment or credit card information to the following address:

Secretary-Treasurer
American Society for Enology and Viticulture
P.O. Box 1855
Davis, CA 95617-1855 USA
FAX: (530) 753-3318 (ONLY FOR CREDIT CARD PAYMENTS)

INFORMATION REQUIRED FOR PAYMENT BY CREDIT CARD:

ACCEPTED CREDIT CARDS AMERICAN EXPRESS MasterCard VISA DISCOVER NETWORK

Credit Card No._____ Expiration Date _____ Security Code _____

Printed Name on Credit Card _____ Amount $ _____USD

Cardholder's Address _____

Authorized Signature _____

Applicant's Name _____
(authorizes the amount above to be charged to credit card)

OFFICE USE ONLY

Paid Date: _____ Amount: _____

Payment Method: ❑ Check# _____ ❑ CC ❑ PP

Paid By: _____