



AMERICAN SOCIETY FOR  
ENOLOGY AND VITICULTURE  
*Since 1950*

EMERITUS MEMBERSHIP APPLICATION

**PLEASE TYPE OR PRINT CLEARLY.**

The Membership Committee is dependent on your complete information in order to evaluate your membership.

The Bylaws of the American Society for Enology and Viticulture (ASEV) state that Emeritus membership may be conferred by the Board of Directors for any current Professional member who has: (1) held membership in the Society for a minimum of fifteen years immediately prior to full retirement and (2) completed an Emeritus membership application. The Board approved (in 1977) that **retirement be interpreted as full retirement from professional activities, including consulting.**

Emeritus members shall be entitled to the rights and privileges of Professional members except as expressly provided in these Bylaws. Membership dues assessment will be set at lower rate annually by the Board of Directors and effective as of the upcoming calendar year. AJEV online (only) will continue to be a membership benefit. You may opt to add AJEV in print form for an additional annual fee. Please contact us if you would like this option.

Please provide the following information for the Membership Committee to review your membership reclassification request. ASEV will use the contact information provided on this form for your membership record and all future correspondence.

Thank you for your membership and continued support of ASEV.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone (     ) \_\_\_\_\_ Fax (     ) \_\_\_\_\_

Email \_\_\_\_\_

Year Joined ASEV \_\_\_\_\_

**Briefly describe the nature of your career:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Prior Employment Information:**

| From<br>(mo/yr) | To<br>(mo/yr) | Company or Institution<br>City and State | Title and Exact Description |
|-----------------|---------------|--|-----------------------------|
|                 |               |  |                             |
|                 |               |  |                             |
|                 |               |  |                             |
|                 |               |  |                             |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(confirming that you are fully retired)

## 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.

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

2017 & 2018 Emeritus Membership Dues (U.S. \$)  
AJEV Online Only  
U.S. \$45  
Int'l \$50

**\*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.**

### 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 or fax 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    

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: \_\_\_\_\_