



AMERICAN SOCIETY FOR
ENOLOGY AND VITICULTURE
Since 1950

MEMBERSHIP REVIEW FORM

Please type or print clearly
Illegible or incomplete forms will be returned

Date _____

Year Joined _____

Dr. Mr. Miss Ms. Mrs.

Name _____
Last First Middle Initial

Company/Organization Name _____

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.

EDUCATION

Please fill out completely. Incomplete applications **cannot** be considered. Use an additional page if necessary.
Please do not request that the Society refer to your previous application for specific information.

Degree(s) Received: Please list most recent degrees received first.

| No. Years in Degree Program | Type of Degree(s) Received | Year Degree Received | Major Field of Study/Emphasis | Institution |
|-----------------------------------|----------------------------------|----------------------------|-------------------------------|-------------|
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Degree(s) Anticipated: Student membership is extended for two years maximum for an associates degree, five years maximum for an undergraduate degree, three years maximum for a master's degree and four years maximum for a doctorate degree. Certificate programs do not meet student membership criteria.

| No. Years of Degree Program | Degree Type | Date Degree Anticipated | Major Field of Study/Emphasis | Institution |
|-----------------------------------|----------------|-------------------------------|-------------------------------|-------------|
| | | | | |
| | | | | |

Verification:

I verify that I am enrolled full-time in a qualified graduate or undergraduate program as noted above.

Signature _____

Date _____

EMPLOYMENT

CURRENT EMPLOYMENT - Required for membership approval

Present Employer _____

Since (month/year) _____

Job Title _____

Occupation:
(choose only one)

Academic/Research

- Education/Research
- Extension/Outreach
- Student

Viticulture/Vineyard

- Grower
- Vineyard Owner or Manager
- Vineyard Personnel
- Viticulturist

Winemaking/Winery

- Cellar/Bottling Personnel
- Enologist/Winemaker
- Laboratory Personnel
- Tasting Room/Tours
- Winery Owner and/or General Manager

Other

- Association Staff
- Finance/Accounting
- Marketing
- Professional Consulting Services
- Purchasing
- R&D - Industry
- Supplier/Vendor
- Retired

Specific Responsibilities _____

Check One: Full-time Employment Part-time Employment

Please return the completed form within 30 days of receipt by one of the following methods:

Scan/Email
info@asev.org

Fax
(530) 753-3318

Mail
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