MEMBERSHIP REVIEW FORM

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

Date ________________________
Year Joined ____________________

Name ________________________

Last Name ____________________
First Name ____________________
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.

<table>
<thead>
<tr>
<th>No. Years</th>
<th>Type of Degree(s)</th>
<th>Year Degree Received</th>
<th>Major Field of Study/Emphasis</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>Received</td>
<td>Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>No. Years</th>
<th>Degree Type</th>
<th>Date Degree Anticipated</th>
<th>Major Field of Study/Emphasis</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature __________________________
Date __________________________
**CURRENT EMPLOYMENT** - Required for membership approval

<table>
<thead>
<tr>
<th>Present Employer</th>
<th>Since (month/year)</th>
<th>Job Title</th>
</tr>
</thead>
</table>

**Occupation:**

- **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**
  - American Society for Enology and Viticulture
  - P.O. Box 1855
  - Davis, CA 95617-1855 USA