



Membership Review

INSTRUCTIONS: Please read carefully. Incomplete forms cannot be considered. ASEV is dependent on your complete information in order to activate your membership. This form must be submitted prior to registering for any upcoming conference at reduced member rates. **Please type or print clearly.** Illegible applications will be returned.

Personal Information

All applicable fields required for membership approval.

Dr.
Mr.
Miss
Ms.
Mrs.

Last Name

First Name

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

Present Occupation
(choose only one)

Company/Organization Name

Mailing Address

Address

Home

Business

Address Line 2 (apt, suite, PO box, etc)

City

State/Province

Zip/Postal Code

Country

Contact Information

Business Phone

Home Phone

Mobile Phone

Business Fax (if applicable)

Email Address

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

Current Employment

Present Employer

Full-time

Part-time

Position

Since

Specific Responsibilities

Degree(s) Received

List most recent degrees received first.

_____	_____	_____	_____
Type of degree(s)	Years in program	Year awarded	Major field of study/emphasis

Academic Institution

_____	_____	_____	_____
Type of degree(s)	Years in program	Year awarded	Major field of study/emphasis

Academic Institution

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.

_____	_____	_____	_____
Type of degree(s)	Years in program	Year awarded	Major field of study/emphasis

Academic Institution

_____	_____	_____	_____
Type of degree(s)	Years in program	Year awarded	Major field of study/emphasis

Academic Institution

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

Authorized Signature

Date

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