



REVIEW FORM

Dear Member:

The Membership Committee evaluates member records that are due for review. The most recent information on file provided by you indicates that it is appropriate to review your ASEV membership classification. This review process enables you to maintain your current membership and to ensure that your membership classification is accurate. We are also dependent upon you to keep us informed of your correct address and other contact information.

Please complete this form and return it promptly to the ASEV office by mail or fax. It is essential for the Membership Committee that you complete all aspects of the academic training and professional experience sections. **Noting that previous information is unchanged or leaving a section blank makes it impossible for us to review your membership. We need current information even if nothing has changed in your education or profession.**

STUDENTS

Please provide your anticipated date of completion and the specific degree you will receive. Also, if you are a current student member, you must return this form within thirty days of mailing with your academic advisor's signature confirming your current enrollment as a full-time student to retain your membership privileges. If you do not respond within this time frame, we will assume that you are no longer a student and your membership status will be changed to an associate. An invoice will be mailed to you with adjusted dues.

Thank you in advance for your assistance. We look forward to your response and continued membership. If you have any questions, please contact us at society@asev.org

Sincerely,

Secretary-Treasurer
Membership Committee Chair



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

Occupation:

Academic/Research <input type="checkbox"/> Education/Research <input type="checkbox"/> Extension/Outreach <input type="checkbox"/> Student	Viticulture/Vineyard <input type="checkbox"/> Grower <input type="checkbox"/> Vineyard Owner or Manager <input type="checkbox"/> Vineyard Personnel <input type="checkbox"/> Viticulturist	Winemaking/Winery <input type="checkbox"/> Cellar/Bottling Personnel <input type="checkbox"/> Enologist/Winemaker <input type="checkbox"/> Laboratory Personnel <input type="checkbox"/> Tasting Room/Tours <input type="checkbox"/> Winery Owner and/or General Manager	Other <input type="checkbox"/> Association Staff <input type="checkbox"/> Finance/Accounting <input type="checkbox"/> Marketing <input type="checkbox"/> Professional Services <input type="checkbox"/> Purchasing <input type="checkbox"/> R&D - Industry <input type="checkbox"/> Supplier/Vendor <input type="checkbox"/> Retired
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Company/Organization Name _____

Address Home Business _____

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

Business Phone () _____ Business Fax () _____

Home Phone () _____ Email _____

EDUCATION

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

Degrees 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

Degree(s) Anticipated: Student members wishing to extend their student membership must have a signature from their academic advisor. Student membership is extended for two years maximum for Associates Degree, five years maximum for undergraduate degree, three years maximum for masters degree and four years maximum for 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

ACADEMIC ADVISOR'S VERIFICATION SIGNATURE:

I verify that this student is enrolled full-time in a qualified graduate or undergraduate program as noted above by the student.

Name _____ Title _____ Institution _____ Phone Number _____

Continued

EMPLOYMENT

CURRENT EMPLOYMENT - Required for membership approval

Present Employer _____

Since (month/year) _____

Job Title _____

Specific Responsibilities _____

Check One: Full-time Employment Part-time Employment

PRIOR EMPLOYMENT - List only jobs directly related to grape or wine production or research. Please put "none" in grid below, if this is the case.

Dates		Employer	Position & Duties	Part-time or Full-time
From (mo/yr)	To (mo/yr)			

Please mail the completed Membership Review Form to the following address:

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

Or by fax to (530) 753-3318

COMMITTEE/BOARD APPROVAL

Board Meeting Date _____

SM AM PM

Review Date _____

Data Entry - Initials _____ Date _____