



## APPLICATION FOR MEMBERSHIP

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Citizenship: USA Other \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

e-Mail: \_\_\_\_\_

### PROFESSIONAL EXPERIENCE

Please describe in descending order, starting with your present position.

From	To	Employer	Title	Job Description

### EDUCATIONAL BACKGROUND

School	Location	Course	Degree

I, \_\_\_\_\_ certify the above information is correct and true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application must be submitted with the following:

- Application fee of \$50.00, payable to American Society of Perfumers. Application fee will be refunded if application is not accepted.
- A passport size photo of applicant.
- A biography of applicant, detailing accomplishments, training, schooling, interests, etc.
- A paragraph describing the reasons the applicant wants to become a member, and what he or she would like to accomplish with the Society if accepted.
- A completed Active Member Endorsement or Sponsor (for Apprentices) Form.

*Note: Applications are voted on by the Membership once a year, in June. Deadline for applications is May 1<sup>st</sup>. Only completed applications, received with all requirements will be considered. Applications will be verified by the Membership Committee, and recommendations will be made to the Board of Directors.*



## Membership Endorsement

Name	Title	Company
Company Address	Phone Number	e-mail address

I hereby endorse the applicant, \_\_\_\_\_, as a qualified and accomplished Perfumer who has established a commensurate body of work in the profession and art of perfumery. In my opinion this applicant exhibits all the talent and ability necessary to be a member of the American Society of Perfumers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member Since: \_\_\_\_\_

Membership Committee use only:

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

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*This form used for Established Perfumers for Full Membership ONLY*