



### APPRENTICE MEMBERSHIP UPDATE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ e-mail \_\_\_\_\_

\_\_\_\_\_ Home #: \_\_\_\_\_

Company: \_\_\_\_\_ Work # \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Present Title: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ASP Committee(s) currently serving on: \_\_\_\_\_

ASP Functions attended: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

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

Signature: \_\_\_\_\_ (Apprentice) Date: \_\_\_\_\_

Comments:  
\_\_\_\_\_

*Credit for the past year will be given upon receipt and verification of this document.*

*Mail completed form to:*

American Society of Perfumers  
Membership Committee Chairman  
PO Box 1256, Piscataway, NJ 08854