



Audio Engineering Society

MEMBERSHIP APPLICATION FORM

All applicants complete this page in English: Please print in CAPITALS.

1 Personal Information

Family Name

First Name(s)

Email

- I desire**
- ADMISSION AS
 - MEMBER
 - ADVANCEMENT IN GRADE TO
 - ASSOCIATE
 - REINSTATEMENT AS
 - STUDENT

Address 1

Address 2

City State/county/province

Zip/post code Country

Phone Fax

Date of birth (year/month/day) Birthplace

Nationality

Nature of Business:

- Commercial Recording Studio
- Project Recording Studio
- Live Sound
- Broadcast Station/Studio
- Sound Reinforcement
- Mastering
- Internet Audio
- Duplication/Replication
- Manufacturer: Audio Equipment
- Manufacturer: Video Equipment
- Record Label
- Education/Government
- Consultant Audio Engineer
- Post Production Facility
- Dealer/Distributor/Rep. Firm
- Film/Video Production House
- Sound Contractor/Installation
- Res. & Dev. Organization
- A/V Computer Soft/Hardware
- Venue/Auditorium
- Studying at University/College
- Other _____

2 Professional Information

Company/Institute or college

Address 1

Address 2

City State/county/province

Zip/post code Country

Phone Fax

Student Members Year of graduation

Faculty advisor

Email or phone number

Job Description:

- Owner/Director
- Studio/Corporate Manager
- Independent Engineer
- Engineer
- Technician
- Production Management
- Financial Management/Buyer
- Sales/Marketing
- Designer
- Producer
- Musician
- Editor
- Mixing Engineer
- Educator/Student
- A/V Computer Designer
- Sound Designer
- Student
- Other _____

3 Payment

- Amount: \$ _____
- Online Journal only
 - Online and printed
 - Check/Money Order
 - American Express
 - Visa
 - Master Card/Eurocard
- Member/Associate \$60 Student \$20
 Member/Associate \$90 Student \$50

Credit Card # Expiration Date

Cardholder Name

Signature (all applicants) Date

Please send my AES mail to address Home or Office

Interest in AES Activities:

- Journal
- Publications
- Conferences
- Standards
- Conventions
- Technical Committees

Please return form to:

Audio Engineering Society, Inc.
 60 East 42nd Street, Room 2520
 New York, NY 10165-2520, USA
 FAX: +1 212 682 0477
 or to Europe or UK office

ADDITIONAL INFORMATION REQUIRED FOR FULL MEMBERSHIP

B. Curriculum Vitae

4 Education: (use a separate sheet, if necessary)

Institution: _____ Place: _____

Major or Subject: _____ Attended from: _____ to: _____

Degree awarded: _____ Number of years credit if no degree: _____

Institution: _____ Place: _____

Major or Subject: _____ Attended from: _____ to: _____

Degree awarded: _____ Number of years credit if no degree: _____

Seminars, short courses related to audio: (Give approx. hours of study involved)

5 Other Accomplishments: (list any papers, patents, etc. with appropriate dates)

Member of other societies: _____

Linguistic Abilities: _____

6 Past Experience: (use a separate sheet, if necessary)

From: _____ to: _____
Date Date Company name & location Position

Duties performed _____

From: _____ to: _____
Date Date Company name & location Position

Duties performed _____

From: _____ to: _____
Date Date Company name & location Position

Duties performed _____

7 References: (see instructions—3 references, in total, required for full membership)

1. _____
Name Company name Position

_____ Email address or Phone number AES Member Number, if applicable

2. _____
Name Company name Position

_____ Email address or Phone number AES Member Number, if applicable

3. _____
Name Company name Position

_____ Email address or Phone number AES Member Number, if applicable

8 If completing this form after applying for membership online, please quote:

_____ Name AES member no. on online receipt