



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	<input type="checkbox"/> ADMISSION AS <input type="checkbox"/> ADVANCEMENT IN GRADE TO <input type="checkbox"/> REINSTATEMENT AS
	<input type="checkbox"/> MEMBER <input type="checkbox"/> ASSOCIATE <input type="checkbox"/> STUDENT
Address 1	
Address 2	
City	State/county/province
Zip/post code	Country
Phone	Fax
Date of birth (year/month/day)	Birthplace
Nationality	

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	

3 Payment

Amount: \$ _____

Online Journal only Member/Associate \$90 Student \$35
 Online and printed Member/Associate \$140 Student \$85

Check/Money Order American Express Visa MasterCard/Eurocard

Credit Card # _____ Expiration Date _____

Cardholder Name _____

Signature (all applicants) _____ Date _____

Please send my AES mail to address Home or Office

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
- Postproduction 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 _____

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 _____

Interest in AES Activities:

- Journal Conferences
- Publications 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

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: (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