



## AMERICAN SOMMELIER ANNUAL MEMBERSHIP APPLICATION

NAME:	PREFERRED PHONE:
ADDRESS:	ALTERNATE PHONE:
CITY, STATE, ZIP:	E-MAIL:
EMPLOYER:	POSITION:
ADDRESS:	BUS. PHONE:
CITY, STATE, ZIP:	BUS. FAX:

### HOW DID YOU HEAR ABOUT US?

- Search engine (Google, etc.)    Facebook    Word of mouth    Flyer/postcard  
 Other website (which?)    American Sommelier email    Other (please specify)

- I am a NEW MEMBER (\$136)    I am RENEWING my membership (\$100)

*\*\*Membership expires one year from the date payment is received\*\**

### Payment may be made by: (Please check one)

- Visa    MasterCard  
*\*There is a 3% surcharge for all credit card transactions to cover the credit card fee. We thank you for your understanding.*  
 Cash, check, or money order

Please mail payment to:   *American Sommelier Inc.  
580 Broadway, Suite 716  
New York, NY 10012*

### Required information for credit card payment:

NAME OF CARDHOLDER:	CREDIT CARD NUMBER:
EXPIRATION DATE:	V-CODE SECURITY NUMBER (ON BACK OF CARD):
BILLING ADDRESS:	ZIP CODE:
SIGNATURE:	DATE:

For more information, please contact us at 212-226-6805 or [Office@AmericanSommelier.com](mailto:Office@AmericanSommelier.com).