



MEMBERSHIP RENEWAL APPLICATION

YES, our organization wishes to renew our ACS membership with the number of members indicated below (active through December 31, 2017)

Number of Members

- 1 Member (\$199) 2 Members (\$398) 3 Members (\$597) 4 Members (\$796)
 4+ Members, call the membership office

Organization Information

Company/Organization Name: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Profession List

- | | | | |
|--|--|---|-----------------------------|
| <input type="radio"/> Cheesemaker | <input type="radio"/> Advisor/consultant | <input type="radio"/> Media | <input type="radio"/> Other |
| <input type="radio"/> Retailer | <input type="radio"/> Cheese Guild | <input type="radio"/> Foodservice/Chef | |
| <input type="radio"/> Distributor/Broker | <input type="radio"/> Specialty Food | <input type="radio"/> Government Agency | |
| <input type="radio"/> Trade Equipment | <input type="radio"/> Academic | <input type="radio"/> Dairy Supplier | |

How Did You Hear About Us?

- | | | | |
|--------------------------------------|--|--|--|
| <input type="radio"/> ACS Website | <input type="radio"/> Printed ACS Brochure | <input type="radio"/> My Employer | <input type="radio"/> Prior ACS Member |
| <input type="radio"/> Media Coverage | <input type="radio"/> Print Advertisement | <input type="radio"/> Online Search Engine | <input type="radio"/> Colleague |
| | | | <input type="radio"/> Other |

Member Contact Information

Please indicate the contacts to be listed for your company. Note: Name 1 will be listed as the primary contact and voting member.

Name 1: _____ Title: _____

Phone: _____ Email: _____

Name 2: _____ Title: _____

Phone: _____ Email: _____

Name 3: _____ Title: _____

Phone: _____ Email: _____

Name 4: _____ Title: _____

Phone: _____ Email: _____

Payment

Method of Payment: Check Visa MasterCard American Express Discover

Card Number: _____ Exp. Date: _____ CVV#: _____

Billing Address (if different than above): _____

Name on Card: _____ Signature (Required): _____

Please complete this form and submit with payment to:
American Cheese Society 2696 S. Colorado Blvd., Ste. 570 Denver, CO 80222
Tel: (720) 328-2788 Fax: (720) 328-2788 Email: info@cheesesociety.org