



# 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  
 ADVANCEMENT IN GRADE TO  
 REINSTATEMENT AS
  MEMBER  
 ASSOCIATE  
 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
- 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

### 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 Please send my AES mail to address Home or Office

Gelieve mijn naam en adres **niet** te vermelden in de ledenlijst van de NL sectie

Signature (all applicants)

Date

### Interest in AES Activities:

- Journal  Conferences
- Publications  Standards
- Conventions  Technical Committees

Neem bij vragen svp. contact op met de secretaris:  
 Bert Kraaijpoel  
 tel. 070 3646530 (thuis)  
 email: secretary@aes-section.nl

Voor betaling van de contributie krijgt u apart bericht van de treasurer.

### Stuur dit formulier aan:

**AES NETHERLANDS SECTION**  
**Newtonplein 44-45**  
**2562 JW Den Haag**  
**fax 0878734300**

# 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