



# MEMBERSHIP APPLICATION

YES, I wish to join ACS at the membership level indicated below (active through December 31, 2016):

## Membership Levels

Enthusiast (\$150)

Student (\$95)

## Member Contact Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

## Payment

Method of Payment:  Check  Visa  MasterCard  American Express  Discover

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

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) 328-2786 Email: [members@cheesesociety.org](mailto:members@cheesesociety.org)**