

Membership Application
AMERICAN DAIRY SCIENCE ASSOCIATION

Biographical Data

If insufficient space is provided, attach supplementary sheets.

1. Name _____
(Last name) (First name) (Middle name)

2. Date and place of birth _____

3. Present position _____

4. Present address _____

5. No. of years in field work _____

6. Education:

Collegiate Institutions Attended

NAME	DATES	DEGREE	MAJOR FIELD
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Special training (nature, place, date, etc) _____

8. Employment record (list in chronological order):

DATE	EMPLOYER	TITLE OF POSITION	NATURE OF WORK
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Professional affiliations and activities:

a. Membership in professional societies: _____

b. Activities in professional organizations:

ORGANIZATION	KIND OF ACTIVITY	DATES
_____	_____	_____
_____	_____	_____

10. Field or area of principal interest:

CHECK ONE:

- Production Division
- Dairy Foods Research Division
- Other _____
- Professional Membership, \$40.00
- Student Affiliate Membership, \$20.00

Return with remittance to:

AMERICAN DAIRY SCIENCE ASSOCIATION
309 West Clark Street
Champaign, IL 61820

Signed: _____

Date: _____