



APPLICATION FOR MEMBERSHIP

Category of Membership: Full

Surname: _____ Forename(s): _____

Address: _____

_____ Postcode: _____

Telephone: Work: _____ Home: _____

Mobile: _____ Fax: _____

Email: _____ Website: _____

Do you trade in wine? _____

Wine Qualifications (with dates please):

Teaching Qualifications (with dates please):

Current Work:

Referees

Please provide details of two referees who are familiar with your wine education work.

Referee 1. Name: _____ Profession: _____

Address: _____

_____ Postcode: _____

Telephone: Work: _____ Home: _____

Email: _____ Fax: _____

Referee 2. Name: _____ Profession: _____

Address: _____

_____ Postcode: _____

Telephone: Work: _____ Home: _____

Email: _____ Fax: _____

- I wish to apply for membership of the Association of Wine Educators.
- I have read and agree with the aims of the Association published on the website www.wineeducators.com and, if my application is successful, agree to conduct myself in a professional manner at all times in order to maintain the high standards required by the AWE.

Signed: _____ Date: _____

- NB
1. An AWE Assessor will be assigned to attend one of your courses/tastings to carry out an assessment on behalf of the members of the Council.
 2. Applications are accepted on the approval of AWE Council.
 3. Please allow three weeks following assessment for a decision to be made.

Please send completed forms to:
Andrea Warren, AWE Administrator
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Tel: +44 (0)1753 882320 Email: admin@wineeducators.com
www.wineeducators.com