



# *Judging Professionals Information*

*Please complete this form and return with your Membership Application*

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Areas of expertise:** \_\_\_\_\_

**Years if Judging Experience:** \_\_\_\_\_

**List all companies for which you have judged:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Certifications/credentials received:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Qualifications:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please list 2 industry references:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_