



APPLICATION TO BECOME A MEMBER OF THE INSTITUTE OF BREWING & DISTILLING 'GENERAL CERTIFICATE RATE' MEMBERSHIP

Please read the notes on page 2 before completing this form

SECTION 1: DECLARATION ¹

I offer myself for admission as a Member of the Institute of Brewing & Distilling, under the conditions of the current byelaws. I undertake, if elected, to observe and be bound by the provisions of the Rules and Byelaws of the IBD for the time being in force.

I desire, if elected, to be inscribed in the List of Members of the _____ Section of the IBD ².

Please state your Exam Candidate number (if in doubt, please refer to your result notification letter): _____

SECTION 2: PERSONAL DETAILS ³

Title:	Gender: MALE / FEMALE	Date of Birth: day / month / year
Forenames:	Family Name:	
Preferred Name:	I wish for my mail to be sent to my: HOME / COMPANY	
Company Name:		
Company Department:		
Company Address:		
Home Address:		
Telephone No. (Include codes):	Fax No. (Include codes):	
E-mail Address ⁴ :	Academic Qualifications:	
Date Passed the GCB/GCP/GCD Examination:		
Brief Description of current professional position and responsibilities:		

SECTION 3: CONFIRMATION OF APPLICATION

I confirm that I wish to become a Member of the Institute of Brewing & Distilling.

Signature: _____	Date: day / month / year
Print Name: _____	

SECTION 4: STATEMENTS BY APPLICANT & SPONSOR

I, the undersigned, being a fully paid subscribing IBD Member certify that the above Applicant is a fit and proper person to become a Member of the IBD, and propose and recommend the Applicant for election. Please provide one sponsor and/or detail your reasons for wishing to join the IBD.

Full Name:	Why I would like to join the IBD:
Company Name:	
Company Address:	
IBD Member No:	
IBD Section:	
Signature:	

SECTION 5: PAYMENT FOR SUBSCRIPTION ⁵

Please note that **payment of £72.00 Sterling must be received in full**. Please **enclose your cheque** (or **bank draft** drawn on a UK bank), **confirm your credit card details⁶** or **enclose a Purchase Order⁷**. I would like to pay for my Membership Fee by (please tick applicable):

Credit Card <input type="checkbox"/> (subject to a 5% administration fee)	Cheque/Bank Draft <input type="checkbox"/> (please enclose)	Purchase Order <input type="checkbox"/> PO Number: Contact Email:																			
Type of Credit Card:	VISA / MASTERCARD																				
Personal/Company Card:	Card Expiry Date:	/20																			
Name on Card:	3 Digit Security Code (CCV):																				
Card Number:	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td><td style="width: 3.33%;"></td> </tr> </table>																				

PLEASE KEEP A PHOTOCOPY OF YOUR COMPLETED FORM FOR YOUR OWN RECORDS

MEMBERSHIP INFORMATION – Please read all of this section carefully...

The object of the IBD is the advancement of education, especially in the sciences of Brewing, Fermentation and Distillation. Eligible applicants are, “Persons who by the virtue of their interest in the scientific and technical aspects of the Brewing, Fermentation, Distillation and related Industries are, in the opinion of the Council, able to further the objects of the IBD and are nominated, in a form prescribed by Council, by one subscribing Member”.

All applications are scrutinised by the appropriate Section Committee, and if recommended, are then put to the IBD Council.

1. You must notify us of any previous application and especially any Class of Membership obtained.
2. i) Applicants from the UK can select from: Great Northern, Midland, Southern, Scottish, or Irish Sections.
 ii) Non UK applicants can select the Africa Section, Asia-Pacific Section or International Section (primarily for those from Countries with insufficient numbers for a local Section).
3. You must enter ALL of your details in Section 2 (unless shown as optional). Any omission may delay your application.
4. We may occasionally contact you by Email with IBD/Section news. If you do not wish to be contacted this way, please indicate here:
5. Applicants **MUST** pay the necessary subscription fees before any application can be put to Council. The subscription year runs from 1st January to 31st December. Any over-payments will be carried forward to the next year.
6. Please note there is a 5% surcharge for all payments by credit card (but NOT for payments by debit card).
7. If your employer is paying your fee and requires an invoice, a Purchase Order should be enclosed with your application.
8. The IBD may publish a printed List of Members – if you do not wish your details to be included in this publication please indicate here:
9. All completed application forms and correspondence, should be addressed to:

Membership Department, Institute of Brewing & Distilling, 33 Clarges Street, LONDON, W1J 7EE
Tel: +44 (0) 20 7499 8144 - Fax: +44 (0) 20 7499 1156 - Email: membership@ibd.org.uk - Web: www.ibd.org.uk

10. Please contact us immediately if your personal details change or if you have any queries.