



APPLICATION TO BECOME A MEMBER OF THE INSTITUTE OF BREWING & DISTILLING

Please read the notes on page 2 before completing this form

SECTION 1: DECLARATION ¹

i) 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 confirm if you have previously applied to become OR been elected a Member of the IBD (or IGB):

Applied: Yes / No	Membership No.:	Year Applied / Elected:
-------------------	-----------------	-------------------------

ii) Are you currently a member of the MBAA? Please circle YES or NO as shown below.

YES As part of the recent MBAA/IBD partnership we are pleased to inform you that members of MBAA can now receive a reduced membership rate of £90.00. Please supply your MBAA membership number and sign below to take advantage of this offer. I confirm that I am a current member of MBAA,

Signed..... MBAA No.

If you are currently a member of the MBAA and are intending to take the IBD examinations please indicate here: and contact the IBD to arrange payment of your membership fees – do not complete Section 4.

NO Members of the IBD can join the MBAA at a discounted rate. Please tick here if you would like to receive more information and we will pass your details on to MBAA.

iii) Terms & Conditions:

By circling YES above:

- We will verify your membership status with MBAA.
- This offer is only available to members holding MBAA Professional membership.
- Cannot be used in conjunction with any other IBD discounted membership categories.
- You will be required to provide a signature and MBAA membership number each year at renewal time if you wish to continue to claim the discounted rate.

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:
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:	

