

THE INSTITUTE OF
IBO
 BRITISH ORGAN BUILDING

PROFESSIONAL APPLICATION FORM – ASSOCIATE MEMBERSHIP

PERSONAL DETAILS

Title	First Name	Surname

Address	Postcode

Telephone	Fax	Mobile

Email	Web site

SPECIFIC DETAILS FOR ASSOCIATE MEMBERSHIP

Employer Company Name	Date of starting work with this company

Position	Director/Partner	<input type="checkbox"/>	Voicing	<input type="checkbox"/>
	Managerial	<input type="checkbox"/>	Pipemaking	<input type="checkbox"/>
	Design	<input type="checkbox"/>	Tuning	<input type="checkbox"/>
	General Organ Building	<input type="checkbox"/>	Trainee	<input type="checkbox"/>

Other:.....

Additional details for retired members :

Former Company/Activity	Approx. date of ceasing work in organ building

SIGNATURE & DATA PROTECTION DECLARATION

I have no objection to the information above being held on computer. I understand that it will remain confidential and give permission for my name (only) to be published in the IBO Register (including on the IBO website version) unless I request otherwise.

Signed:

Date:

