

THE INSTITUTE OF
IBO
BRITISH ORGAN BUILDING

PROFESSIONAL APPLICATION FORM – BUSINESS MEMBERSHIP

PERSONAL DETAILS

Title	First Name	Surname

Address	Postcode

Telephone	Fax	Mobile

Email	Web site

SPECIFIC DETAILS FOR BUSINESS ADDRESS IF DIFFERENT

Company Name

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Company/Workshop Address	Postcode

Telephone	Fax	Mobile

Email	Web site

TYPE OF WORK COVERED *(please tick)*

Tuning & Maintenance	<input type="checkbox"/>	Restoration	<input type="checkbox"/>
Cleaning & Overhaul	<input type="checkbox"/>	New Organ	<input type="checkbox"/>
Rebuild	<input type="checkbox"/>	Other <i>(please give detail below)</i>	<input type="checkbox"/>

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Staff Number of staff involved in the above work and its administration, including tuners and representatives where applicable.

	Full time	Part time	
Organ building	<input type="checkbox"/>	<input type="checkbox"/>	
Apprentice	<input type="checkbox"/>	<input type="checkbox"/>	
Clerical	<input type="checkbox"/>	<input type="checkbox"/>	Total <input type="checkbox"/>

Note: the total number of staff shown above will be used in the Register to indicate the size of the business to prospective clients. It need not include non-specialist secretaries, financial administrators, etc., but may include part time or frequently sub-contracted staff at the applicant's discretion.

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: