

THE INSTITUTE OF

IBO

BRITISH ORGAN BUILDING

PROFESSIONAL APPLICATION FORM – INDIVIDUAL 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 UNDERTAKEN *(please tick)*

Tuning & Maintenance

Restoration

Cleaning & Overhaul

New Organ

Rebuild

Other *(please give detail below)*

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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: