



ASSOCIATE MEMBERSHIP
REGISTRATION FORM

Please either complete and return this form or join via the webstore pages at the
IBO website

Name:

Address:

Telephone:

Email address:

How did you hear of the IBO?

Are you a Diocesan Organ Adviser: Y / N (*please circle*)

I confirm that I have read the IBO Privacy Policy (at the website) and consent to my personal data being used in the manner described therein.

I understand that I may contact the IBO at any time to modify this consent or to remove it and that I will update you with any changes to my personal details should they occur.

Name: _____ Date: _____

Signed : _____