

**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"/> Managerial <input type="checkbox"/> Design <input type="checkbox"/> General Organ Building <input type="checkbox"/>		Voicing <input type="checkbox"/> Pipemaking <input type="checkbox"/> Tuning <input type="checkbox"/> Trainee <input type="checkbox"/>
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Other:.....

**Additional details for retired members :**

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

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 : \_\_\_\_\_