

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 (please give detail below)	<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.

DATA PROTECTION

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 : _____