

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	<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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SIGNATURE & DATA PROTECTION DECLARATION

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 : _____