



Institute of Brewing & Distilling Membership Application 2017

Declaration

I offer myself for admission as a Member of the Institute of Brewing & Distilling, under the conditions of the current byelaws. I undertake, if elected, to observe and be bound by the provisions of the Rules and Byelaws of the IBD for the time being in force.

I desire, if elected, to be inscribed in the List of Members of the _____ Section¹ of the IBD.

Please confirm if you have previously applied to become or been elected a Member of the IBD (or IGB)²:

Yes No

Membership Number: _____ Date Elected: _____

I wish to apply for:

- Standard Membership £138
 Student Membership³ £46
 Certificate Pass Rate Membership⁴ £99

Please tick if you hold MBAA Professional Membership⁵

Personal Details

Title: Mr Mrs Ms Dr Gender: Male Female

Forenames (First): _____

Surname (Last): _____

Date of Birth (DD/MM/YYYY): _____

Preferred Postal Address: Home Company

Company Name: _____

Address: _____

Home Address: _____

Telephone: _____

Home Email: _____

Work Email: _____

Academic Qualifications: _____

Sponsor and/or Statement by Applicant

Please provide one sponsor **and/or** detail your reasons for wishing to join the IBD. (**Student Members** are not required to complete this section).

I, the undersigned, being a fully paid subscribing IBD Member certify that the Applicant is a fit and proper person to become a Member of the IBD, and propose and recommend the Applicant for election.

Sponsor Name: _____

Membership No: _____ IBD Section: _____

Sponsor Signature: _____

Why I would like to join the IBD: _____

Payment of Subscription

Please note that a half year rate⁶ applies to applications received after 31st July. Half year rates can be found overleaf.

Credit Card⁷ UK Debit Card Cheque Bank Transfer⁸

Card Type (Visa, Mastercard, Amex): _____

Cardholder's Name: _____

Expiry Date: _____ CCV Code: _____

Card Number: _____

OR Purchase Order⁹

PO Number: _____

Invoice Contact: _____

Confirmation of Application

I confirm that I wish to become a Member of the Institute of Brewing & Distilling

Print Name: _____

Signature: _____

Date: _____

Validation from Educational Establishment¹⁰ (To be completed by **Student Membership** applicants only)

For persons in **full time** study in the brewing, fermentation, distilling, or associated industries or in academic study related to those industries, who can verify their full time student status from their place of learning.

I (Name) _____

of _____

Certify that _____ is registered as a **Full Time Student** _____

At the following educational establishment: _____

(Please insert establishment name & address) _____

Date of Commencement of Registration: _____

Date of Termination of Registration: _____

for the following qualification: _____

I recommend him/her for registration to the Institute of Brewing & Distilling under the conditions below⁹ and confirm that he/she is wholly self-supporting or in receipt of an educational grant.

Name of Faculty Head: _____

Signature of Faculty Head: _____

Stamp of
University
or Institution:

PLEASE KEEP A PHOTOCOPY OF YOUR COMPLETED FORM FOR YOUR OWN RECORDS

The object of the IBD is the advancement of education, especially in the sciences of Brewing, Fermentation and Distillation. Eligible applicants are, "Persons who by the virtue of their interest in the scientific and technical aspects of the Brewing, Fermentation, Distillation and related Industries are, in the opinion of the Council, able to further the objects of the IBD and are nominated, in a form prescribed by Council, by one subscribing Member". All applications are scrutinised by the appropriate Section Committee, and if recommended, are then put to the IBD Council.

1. i) Applicants from the UK can select from: Great Northern, Midland, Southern, Scottish, or Irish Sections. ii) Non UK applicants can select the Africa Section, Asia-Pacific Section or International Section (primarily for those from Countries with insufficient numbers for a local Section).
2. You must notify us of any previous application and especially any Class of Membership obtained.
3. Student Members must complete the 'Validation from Educational Establishment' section above.
4. 'Certificate Pass Rate Membership' applies to new members who have passed the IBD Fundamentals or General Certificate Examinations and is valid for the first 3 years of membership only.
5. MBAA members holding professional membership are entitled to the discounted rate of £118.
6. Half year rates are as follows: Standard £97, Student £32, Certificate Pass £69
7. Please note there is a 5% surcharge for all payments by credit card (but NOT for payments by UK debit card).
8. Account Number: 10034779, Sort Code: 16-00-79, IBAN: GB04 RBOS 1600 7910 0347 79, Swift Code: RBOS GB 2L. Please use your surname as a reference and take into consideration any bank charges.
9. If your employer is paying your fee and requires an invoice, a Purchase Order should be enclosed with your application.
10. Membership at the discounted 'Student Rate' is granted for the period of study indicated in the application. However, if studies are extended, a Student may apply for re-registration. Failure to re-register or transfer to Ordinary Membership on completion of the period will result in the removal of his/her name from the Register of Members without further notification. A candidate for discounted 'Student Rate' Membership is required to produce evidence satisfactory to the Council: i) that he/she is undergoing full-time study. ii) that he/she is recommended for registration as a Member by the appropriate tutor, teacher in any University or Institution. iii) a Student who ceases study before the agreed period is complete must advise the IBD or transfer to full membership.
11. We may occasionally contact you by Email with IBD/Section news. If you do not wish to be contacted this way, please indicate here:
12. Applicants MUST pay the necessary subscription fees before any application can be put to Council. The subscription year runs from 1st January to 31st December. Any over-payments will be carried forward to the next year.
13. Please tick here to opt-out of appearing the online members list (viewable by members only) or any printed directory members list:
14. Please contact us immediately if your personal details change or if you have any queries.
15. All completed application forms and correspondence should be addressed or emailed to:

**Membership Department, Institute of Brewing & Distilling, 44A Curlew Street, Butler's Wharf, London, SE1 2ND, UK
Tel: +44 (0) 20 7499 8144 - Email: membership@ibd.org.uk - Web: www.ibd.org.uk**