



# 2025 Membership Application

## Personal Data

4001

Have you previously been a member? Yes No

Mr. Mrs. Ms. Dr.

Name \_\_\_\_\_

Your Title \_\_\_\_\_

Company \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth (optional) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Gender (optional)

Man Woman Non-binary Prefer not to answer

Not listed/Other \_\_\_\_\_

Pronoun \_\_\_\_\_

## Membership Options

I hereby qualify to apply as a member with a status of:

### Professional Membership

Individuals who possess the ability, desire, and willingness to contribute to the welfare and the stated objectives of the Association. These individuals must also meet the criteria of at least one of the following categories.

- Employed by a brewing or malting company.
- Employed by companies associated with the brewing and malting industry and directly involved with the technical, operational or service support aspects of the products and services that their companies provide to the brewing industry.
- Employed by a brewing school, consulting laboratory, or similar institution active in research or education which is directly related to brewing and malting science or technology.

### Student Membership

Individuals who are currently pursuing technical or scientific training on a full-time basis so they may enter the brewing industry.

My estimated graduation date is \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Faculty/Advisor Name \_\_\_\_\_

Faculty/Advisor E-mail \_\_\_\_\_

All memberships include a subscription to the Technical Quarterly.

## District Options

My home District will be: \_\_\_\_\_

Individuals who do not have the opportunity to affiliate with a district due to geographic reasons and who meet the qualifications of Professional or Student Membership shall have a secondary membership classification of Independent Membership rather than a District Membership.

District	Professional	Student	District	Professional	Student
Carolinas	\$20	\$5	Northwest	\$20	\$20
Eastern Canada	\$25	\$15	Ontario	\$23	\$20
Georgia	\$20	\$10	Philadelphia	\$25	\$0
Great Plains	\$30	\$15	Pittsburgh	\$30	\$0
Michigan	\$15	\$5	Rocky Mountain	\$15	\$0
Mid-Atlantic	\$20	\$0	St. Louis*	\$0	\$0
Mid-South	\$20	\$10	St. Paul/Minneapolis	\$30	\$25
Midwest	\$15	\$5	Southeast	\$15	\$10
Milwaukee	\$25	\$0	Southern California	\$15	\$10
New England	\$20	\$20	Texas	\$25	\$10
New York	\$25	\$10	Venezuela	\$25	\$25
Northern California*	\$0	\$0	Western Canada	\$20	\$0
Northern Illinois	\$25	\$10	Western New York	\$30	\$20

\*District dues are waived for 2025.

## Membership Dues

Professional Dues \$160 or Student Dues \$47  
District Dues \$ \_\_\_\_\_ District Dues \$ \_\_\_\_\_  
Total Due \$ \_\_\_\_\_ Total Due \$ \_\_\_\_\_

Check or money order enclosed payable to MBAA in U.S. funds on U.S. banks

(When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.)

Payment by Bank Transfer in USD (Contact Master Brewers Headquarters at mbaa@mbaa.com for account information.)

Send me a proforma invoice

Charge the total due indicated above to my:

Visa American Express MasterCard Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ CSC \_\_\_\_\_

Signature \_\_\_\_\_

### Please send application with payment to:

Master Brewers Association of the Americas  
3285 Northwood Circle, Suite 100, St. Paul, MN 55121 U.S.A.  
Telephone: +1.651.454.7250 • Fax: +1.651.454.0766  
E-mail: mbaa@mbaa.com • Website: mbaa.com

The undersigned affirms that all information contained in this form is true and agrees to be governed by the Association's Constitution and By-Laws and to conduct themselves in a manner consistent with the best interest of the brewing industry and the Master Brewers Association of the Americas Code of Professional Conduct. I hereby apply for membership in the Master Brewers Association of the Americas. I accept to receive information from the Association via e-mail and acknowledge that my contact information will appear in the Master Brewers member directory unless I have stated otherwise.

Applicant's Signature

Date

If a member referred you, please list that name above.



## Demographic Information

Choose one in each category unless otherwise indicated

### Title

President; Vice President; Other Corporate Official  
Director; Manager; Department Head; Supervisor  
Brewmaster; Assistant Brewmaster; Brewing Supervisor  
Plant Manager; Engineer; Other with Production Responsibilities  
Chemist, Technologist, Microbiologist; Lab Assistant; Technician  
Professor; Post Doctorate; Graduate Student; Student  
Director; Association Executive; Publisher  
Technical Sales/Service  
Consultant  
Retired  
Other: \_\_\_\_\_

### Primary Area of Responsibility

Brewing  
R&D; Product Development  
Packaging  
Production  
Purchasing  
Engineering  
Quality Assurance/Control  
Environmental, Health & Safety  
Regulatory  
Education  
Sales & Marketing  
Distribution  
Other: \_\_\_\_\_

### Organization Type

Brewery:

#### Type

Major  
Regional  
Micro  
Brewpub  
Contract

**Product** (check all that apply)

Beer  
Wine  
Liquor  
Cider  
Mead  
Flavored Alcoholic Beverages

Allied:

**Product/Service** (check all that apply)

Barley/Malting	Brewing Supplies
Hops/Hop Products	Instrumentation
Equipment	Laboratory Supplies
Packaging Materials	Engineering Services
Brewing Adjuncts	

Wholesaler/Importer

Consultancy

Government; Educational & Private Institutions;

Research Organizations

Professional Association; Publisher; Service Organization

Retired

Other: \_\_\_\_\_

### Other Professional Memberships (check all that apply)

American Society of Brewing Chemists  
Brewing Convention of Japan  
European Brewery Convention  
Brewers Association  
Institute of Brewing & Distilling  
Other: \_\_\_\_\_

## Refer Colleagues

_____ Colleague Name	_____ Phone	_____ E-mail
_____ Colleague Name	_____ Phone	_____ E-mail
_____ Colleague Name	_____ Phone	_____ E-mail
_____ Colleague Name	_____ Phone	_____ E-mail
_____ Colleague Name	_____ Phone	_____ E-mail