



# 2019 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

To which gender identity do you most identify? (optional)

Male  Female  Non-binary  Prefer not to answer

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

## 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.

- a) Employed by a brewing or malting company.
- b) 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.
- c) 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.

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.

## 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
Caribbean	\$40	\$40	Northwest	\$20	\$20
Carolinas	\$20	\$20	Ontario	\$23	\$20
Eastern Canada	\$20	\$20	Philadelphia	\$25	\$0
Europe*	\$0	\$0	Pittsburgh	\$30	\$30
Michigan	\$15	\$5	Rocky Mountain	\$10	\$0
Mid-Atlantic	\$20	\$0	St. Louis	\$20	\$20
Mid-South	\$20	\$10	St. Paul/Minneapolis	\$30	\$30
Midwest	\$15	\$15	Southeast	\$15	\$15
Milwaukee	\$25	\$0	Southern California	\$15	\$15
New England	\$15	\$15	Texas	\$25	\$25
New York*	\$0	\$0	Venezuela	\$25	\$25
Northern California	\$15	\$15	Western Canada	\$20	\$0
Northern Illinois	\$20	\$20	Western New York	\$30	\$20
Northern Rockies	\$15	\$15			

\*District dues are waived for 2019.

## Application Payment

Annual Dues \$148 or Student Dues \$43  
 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 \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_

### Please send application with payment to:

Master Brewers Association of the Americas  
 3340 Pilot Knob Rd, 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



## 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:
 

<b>Type</b> <input type="checkbox"/> Major <input type="checkbox"/> Regional <input type="checkbox"/> Micro <input type="checkbox"/> Brewpub <input type="checkbox"/> Contract	<b>Product</b> <i>(check all that apply)</i> <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor <input type="checkbox"/> Cider <input type="checkbox"/> Mead <input type="checkbox"/> Flavored Alcoholic Beverages
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- Allied:
 

<b>Product/Service</b> <i>(check all that apply)</i>	
<input type="checkbox"/> Barley/Malting <input type="checkbox"/> Hops/Hop Products <input type="checkbox"/> Equipment <input type="checkbox"/> Packaging Materials <input type="checkbox"/> Brewing Adjuncts	<input type="checkbox"/> Brewing Supplies <input type="checkbox"/> Instrumentation <input type="checkbox"/> Laboratory Supplies <input type="checkbox"/> Engineering Services

- 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