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.

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

**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

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
- ❑ Hops/Hop Products
- ❑ Equipment
- ❑ Packaging Materials
- ❑ Brewing Adjuncts
- ❑ Brewing Supplies
- ❑ Instrumentation
- ❑ Laboratory Supplies
- ❑ 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