



2020 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.

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	\$5	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	\$0	Western New York	\$30	\$20
Northern Illinois	\$20	\$20			

*District dues are waived for 2020.

Membership Dues

Professional Dues \$149 or Student \$44
 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

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