

APPLICATION FORM: AFFILIATE MEMBERSHIP

When you submit this form you will receive an Affiliate Membership introductory pack, and begin to enjoy the benefits of IHBC membership

*NOTE: This form **must** be signed by the applicant. It may be submitted by post or electronically (to memberships@ihbc.org.uk), e.g. as a pdf which has a signature within it. Registration cannot take place until full payment has been received (e.g. after payment of any invoice).*

DECLARATION

Please delete, add, tick or specify as necessary throughout the form

I, _____
Title Forename/s in full Surname

wish to be accepted as an Affiliate Member of The Institute of Historic Building Conservation (IHBC) and agree that, if elected, I will abide by the IHBC's Code of Conduct and pay my annual subscription on request each year.

and

☐ My annual income is more than £17,500. I understand that the one-off administration fee (£25, inc. postage) and the first year's subscription (£102) must be paid in advance, requiring an **initial payment of £127**.

or

☐ My annual income is less than £17,500. I would like to apply for concessionary membership rates, renewable each year, and I enclose proof of income (e.g. employers' statement/ written submission). I understand that the one-off administration fee (£15) and the first year's subscription (£51) must be paid in advance, requiring an **initial payment of £66**.

And therefore

- ☐ I attach a cheque for the sum of £127/£66
☐ Please invoice me at the address below for the sum of £127/£66

I certify that the information contained on this application form is true and correct:

Signature _____

Date _____

CONTACT DETAILS *(Please indicate if the address for the invoice is different)*

| | |
|--|--|
| Main Contact Address (Home/Work/Other) | |
| Post Town | |
| County | |
| Country | |
| Post Code | |
| Full STD Telephone Number | |
| Full Mobile Telephone Number | |
| Full STD Fax Number | |
| E-mail Address for IHBC use | |
| Work/College E-mail Address (Home/Work/Other) | |

PLEASE POST YOUR COMPLETED FORM AND SUPPLEMENTARY PAPERS TO:

**Membership Services Officer,
IHBC Business Office,
Jubilee House,
High Street,
Tisbury,
Wiltshire,
SP3 6HA**

OR EMAIL AS ATTACHMENTS, REQUESTING AN INVOICE, TO:
membershipservices@ihbc.org.uk

If you print out this form you may wish to do so using black ink only



IHBC AFFILIATE MEMBERSHIP APPLICATION FORM – January 2011