

# APPLICATION FORM: ASSOCIATE MEMBERSHIP

***When you submit this form you will receive an Associate 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 [membershipadmin@ihbc.org.uk](mailto:membershipadmin@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 Associate 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 £13,500. I understand that the one-off administration fee (£25) and the first year's subscription (£98) must be paid in advance, requiring an **initial payment of £123**.

***or***

☐ My annual income is less than £13,500. 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 (£21) must be paid in advance, requiring an **initial payment of £36**.

***And therefore***

- ☐ I attach a cheque for the sum of £123/£36  
☐ Please invoice me at the address below for the sum of £123/£36

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)*

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

**PLEASE POST YOUR COMPLETED FORM AND SUPPLEMENTARY PAPERS TO:**

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

**OR E-MAIL AS ATTACHMENTS, REQUESTING AN INVOICE, TO:**

[membershipadmin@ihbc.org.uk](mailto:membershipadmin@ihbc.org.uk)

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

