



## ASSOCIATE MEMBERSHIP APPLICATION FORM

**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, but may be submitted either in hard copy or electronically, eg as a pdf. Registration cannot take place until full payment has been received (eg. after payment of any invoice).*

### DECLARATION

**(Please delete/add/tick as necessary throughout the form)**

I, (Mr / Mrs / Miss / Ms) \_\_\_\_\_ / \_\_\_\_\_,  
(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 either**

My annual income is more than £13,500. I understand that the one-off administration fee (£20) and the first year's subscription (£90) must be paid in advance, requiring an initial payment of £110.

**or**

My annual income is less than £13,500, and I would like to apply for concessionary membership rates (e.g. student, reduced salary), renewable each year, and I enclose proof of status (e.g. copy of Student ID Card).

I understand that the one-off administration fee (£10) and the first year's subscription (£18) must be paid in advance, requiring an initial payment of £28.

**and/or**

I attach a cheque for the sum of £110/£28

Please invoice me at the address below for the sum of £110/28

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)

Primary Contact Address (Home/Work/Other) \_\_\_\_\_

\_\_\_\_\_

Post Town \_\_\_\_\_ County \_\_\_\_\_

Country \_\_\_\_\_ Post Code \_\_\_\_\_

Full STD Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Full Mobile Telephone Number \_\_\_\_\_

Primary E-mail Address \_\_\_\_\_

Work/College E-mail Address (Home/Work/Other) \_\_\_\_\_

**PLEASE POST COMPLETED FORM AND SUPPLEMENTARY PAPERS TO:  
Devon DeCelles, 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)