



Membership Application Form

COMPANY DETAILS

Company Name	Year of foundation
Address	Postcode
Tel	Website

MAIN REPRESENTATIVE

Surname	First Name	Mr/Mrs/Miss/Ms/Other
Position	DoB	Generation
Tel	Mobile	Email

ADDITIONAL REPRESENTATIVES WHO MAY BENEFIT FROM OUR COMMUNICATIONS

Company Secretary	Name	Email
Finance Director	Name	Email
HR Director	Name	Email
Family Council Chair	Name	Email
Other		

NEXT GENERATION

Surname	First Name	Mr/Mrs/Miss/Ms/Other	
Working in the business?	If YES, Role:		
Generation	DoB	Tel	Email
Surname	First Name	Mr/Mrs/Miss/Ms/Other	
Working in the business?	If YES, Role:		
Generation	DoB	Tel	Email

MEMBERSHIP PROFILE

- | | |
|--|--|
| <input type="checkbox"/> Agriculture & Forestry & Fishing | <input type="checkbox"/> Creative & Media |
| <input type="checkbox"/> Family Office | <input type="checkbox"/> Finance & Insurance & Real Estate (exc. Family Office) |
| <input type="checkbox"/> Food & Drink Manufacturing | <input type="checkbox"/> Mining & Construction |
| <input type="checkbox"/> Manufacturing (exc. food & drink) | <input type="checkbox"/> Wholesale & Retail Trade |
| <input type="checkbox"/> Services | <input type="checkbox"/> Transportation & Communications & Electric & Gas & Sanitary Service |
| <input type="checkbox"/> Wholesale & Retail Trade | |
| <input type="checkbox"/> Other (please specify): | |

Generation owning business: 1st 2nd 3rd 4th Other (please specify):

Annual turnover: _____ Number of Employees: _____

Finance Contact Email: _____ PR Contact Email: _____

How did you hear about us?

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Website | <input type="checkbox"/> Google or other search | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Personal recommendation | <input type="checkbox"/> Print Conference ad | <input type="checkbox"/> Other print ad | <input type="checkbox"/> Digital ad |

COMMUNICATION PREFERENCES

How would you like to hear from us? Please tick all relevant boxes:

Email Post Telephone

I have read and agree with the IFB Privacy Notice enclosed with this application:

MEMBERSHIP FEES

Election Fee (payable once on application) - £295 + VAT

Annual Tiered Membership Fee

Turnover below £50m - £1,970 + VAT

Turnover between 50m and £150m - £2,595 + VAT

Turnover between £150m and £500m - £3,115 + VAT



Turnover above £500m - £3,635 + VAT

Payment by Direct Debit

Election Fee	£ 295
Annual Membership Fee	£
VAT @ 20%	£
Total	£

Vat registration No 911 2340 75

Method of Payment

	Instruction to your Bank of Building Society to pay Direct Debit																	
<p>Please fill in the whole form using a ball point pen and send it to: Institute for Family Business, 22-24 Buckingham Palace Road, London SW1W 0QP</p>																		
Name and full postal address of your Bank or Building Society																		
To: The Manager	Bank/Building Society																	
Address		Postcode																
Name(s) of Account Holder(s)																		
<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Bank/Building Society Account Number</td> <td style="width: 25%;">Branch Sort Code</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>			Bank/Building Society Account Number	Branch Sort Code			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Bank/Building Society Account Number	Branch Sort Code																	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
Service User Number		Reference																
<input type="text" value="9"/>	<input type="text" value="7"/>	<input type="text" value="7"/>	<input type="text" value="5"/>	<input type="text" value="4"/>	<input type="text" value="2"/>	<input type="text" value="i"/>	<input type="text" value="f"/>	<input type="text" value="b"/>	<input type="text" value="m"/>	<input type="text" value="e"/>	<input type="text" value="m"/>	<input type="text" value="b"/>	<input type="text" value="e"/>	<input type="text" value="r"/>	<input type="text" value="s"/>	<input type="text" value="h"/>	<input type="text" value="i"/>	<input type="text" value="p"/>
Instructions to your Bank or Building Society																		
<p>Please pay Institute for Family Business Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Institute for Family Business and, if so, details will be passed electronically to my Bank/Building Society.</p>																		
I confirm that I am an authorised signatory in this account																		
Signature (s)																		
Date																		
Banks and Building Societies may not accept Direct Debit Instructions for some types of account																		

We hereby apply for membership of the Institute for Family Business (UK) and agree to be bound by the Institute's Memorandum and Articles of Association (available on request)

Signature

Date

Please return form, signed and dated, to:

The Institute for Family Business, 22-24 Buckingham Palace Road, London SW1W 0QP

