



2023 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

Gender (optional)

Man Woman Non-binary Prefer not to answer

Not listed/Other _____

Pronoun _____

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.

- Employed by a brewing or malting company.
- 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.
- 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.

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	\$20	Northern Illinois	\$25	\$10
Carolinas	\$20	\$5	Northwest	\$20	\$20
Eastern Canada	\$20	\$20	Ontario	\$23	\$20
Europe*	\$0	\$0	Philadelphia	\$25	\$0
Georgia	\$20	\$10	Pittsburgh	\$30	\$0
Great Plains	\$30	\$15	Rocky Mountain	\$10	\$0
Michigan	\$15	\$5	St. Louis*	\$0	\$0
Mid-Atlantic	\$20	\$0	St. Paul/Minneapolis	\$30	\$25
Mid-South	\$20	\$10	Southeast	\$15	\$10
Midwest	\$15	\$5	Southern California	\$15	\$10
Milwaukee	\$25	\$0	Texas	\$25	\$10
New England	\$20	\$20	Venezuela	\$25	\$25
New York*	\$0	\$0	Western Canada	\$20	\$0
Northern California*	\$0	\$0	Western New York	\$30	\$20

*District dues are waived for 2023.

Membership Dues

Professional Dues \$154 or Student Dues \$45
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 ____ / ____ CSC _____

Signature _____

Please send application with payment to:

Master Brewers Association of the Americas
3285 Northwood Circle, Suite 100, 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

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.

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