



IRISH PROFESSIONAL PHOTOGRAPHERS ASSOCIATION
QUALIFIED, REGISTERED & INSURED

Irish Professional Photographers
Association
39-39 Fitzwilliam Square. Dublin 2.
01 4016878

MEMBERSHIP APPLICATION FORM

Photographers name (*block letters please*).....

Revenue Registration No

Public Liability Insurance if self-employed (€6,500,000)

Please enclose proof of Insurance Policy

Address.....

Business Name.....

Position in the business.....

Tel:.....

E-mail:.....

Website:.....

Career Details

Are you a full time professional Photographer

Self Employed _____ Company Director _____ Partner _____ Employed _____

How long in photography business.....

If an Employee – Company Name.....

Position or Job title now held.....

How long in your present post.....

Details of photographic training.....

Photographic Qualifications held.....

Membership of other Professional Photography Associations.....

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Other relevant information.....

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References - Optional

Please give the name of an IPPA Member that you know who will support your application that can be contacted by the IPPA.

IPPA Member **Tel;.....**

Membership Declaration

I hereby apply for membership of the Irish Professional Photographers Association. Should my application be successful I agree to be bound by the rules and regulations of the Association and to pay my annual subscriptions on demand.

I enclose two recent passport style photographs and proof of Public Liability Insurance.

Signed: **Date:**

Please post your application form and all supporting documentation to:

Irish Professional Photographers Association

38/39 Fitzwilliam Square

Dublin 2

If you have any queries, we can be reached on (01) 401 6878 or e-mail

ippa@irishphotographers.com