



IRISH PROFESSIONAL PHOTOGRAPHERS ASSOCIATION
QUALIFIED, REGISTERED & INSURED

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

STUDENT MEMBERSHIP APPLICATION FORM

Name: _____

Address: _____

Tel: _____ **Email:** _____

Address during College Term: _____

_____ **Tel:** _____

If you are **pursuing a photographic course** please complete the following:

Name of College/Institute: _____

Course being pursued: _____

Signature of tutor/instructor: _____

If you are **employed as a trainee** please complete the following:

Employer Name and Address: _____

_____ **Tel:** _____

If you have attended any photographic course please state: (Please use additional sheets if necessary)

Name of College/Institute: _____

Title of Course: _____

Dates of attendance at course: _____

Signature of Employer: _____

I hereby apply for Student Membership of the Irish Professional Photographers Association and agree to be bound by its rules and pay my annual subscription on demand.

The annual subscription is €25 and must accompany this application.

Signed: _____ **Date:** _____