



The Institute of
Photographic Technology
(incorporated)

PO BOX 5385
Melbourne VIC 3001

APPLICATION FOR MEMBERSHIP

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www.iptaustralia.com

Mr./Ms./Dr. First: _____ Middle: _____ Last: _____

Title: _____

Department: _____

Company: _____

Business Address (include City, State and Postcode):

Nature of present work: _____

Special interests or expertise (for Membership Directory)

Qualifications and/or experience _____

Other details:

Business phone: _____ Mobile phone: _____

Home phone: _____ email address: _____

Home address (include City, State and Post Code)

Preferred mailing address **Business** **Home**

Declaration:

I declare that, to the best of my knowledge, the information supplied in this application is correct and complete. I undertake to promote the interest and welfare of The Institute of Photographic Technology, Inc. and to abide by the Constitution so long as I remain a member.

Signature of Proposer: _____

Date: _____

Signature of Seconder: _____

Date: _____

Signature: _____

Approved by Council (date): _____

Date: _____

Presented to Members (date): _____