



The Institute of Photographic Technology

(incorporated)

APPLICATION FOR MEMBERSHIP

info@iptaustralia.com
www.iptaustralia.com

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

Title: _____

Department: _____

Company: _____

Business Address (include City, State and Postcode):

Membership type:

Member \$40.00

Corporate \$120.00

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): _____