

International Membership Application Form

About You	
Title (Mr/Mrs/Ms/Dr etc.)	First Name (s)
Last Name	
Name you're usually known by (if different from above)	
Date of Birth	
Home Address	
	Postcode
Telephone	Mobile
Email	
Website	
Business Address (if different from home address)	
Postcode	Telephone
Email	
Business Name (if applicable)	
VAT Reg No. (if applicable)	
Which address should we use for correspondence? <input type="checkbox"/> Home <input type="checkbox"/> Business	
Other Information	
Is there any particular type of photography that interests you?	
Which type(s) of photography would you submit for assessment? (e.g. commercial, weddings etc.)	
Which networking forums do you use? <input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> Linked In <input type="checkbox"/> Other (please specify)	
Are you a member of any photographic associations?	

Employment Information
Self Employed?
Are you: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Director
How many years have you been in business?
How many people do you employ?
Types of commission undertaken:
Employed?
Are you employed as a: <input type="checkbox"/> Photographer <input type="checkbox"/> Manager/Lecturer <input type="checkbox"/> Technician <input type="checkbox"/> Other (please specify)
Type of work undertaken by the company:
Do you undertake any other duties within the company? If yes, please specify:
How many years have you been employed in photography?

Terms and Conditions & Payment

Please tick the boxes and sign at the bottom of the page.

International Member (LBIPP, ABIPP, FBIPP)

I hereby apply to be admitted as a qualified international member of the British Institute of Professional Photography and I agree to be bound by the Institute’s Memorandum, Articles of Association and Code of Professional Conduct and declare that the information submitted in respect of my application is a true statement of fact. I agree to pay my annual subscription on demand. I agree that neither BIPP nor its agencies may be held responsible for loss or damage to images or evidence submitted and that I am strongly advised to arrange my own insurance cover. I agree to the publication by BIPP in its magazine, literature, advertising or website, of my images, with byline but without fee, subject to copyright, confidentiality and client acknowledgement. My contact details may be used to keep me informed about products, services or events by BIPP’s affiliated companies. (If you would prefer not to receive information of this nature, please write to our Chief Executive at the address on the bottom of this form.)

I authorise BIPP to debit my Visa/Mastercard/Delta/Electron/Maestro/Amex with the sum of: £175 inc VAT (£50 assessment fee & £125 membership fee)

Card Type _____ Card Number _____

Valid From Date _____ Expiry Date _____ Security Code _____ Issue No _____

Full address that card is registered to _____

Signature _____ **Date** _____

If you hold a UK Bank Account and wish to pay via Direct Debit, please email membership@bipp.com for details.

Please post this form to the address below.