

Membership Application Form

Membership Applied For

Please tick any relevant boxes & complete in **BLOCK CAPITALS**

- Friend Fill in sections 1, 5 and 6
 Student Fill in sections 1, 5 and 6

Reinstatement of past membership (tick one)

Fill in sections 1-6

- Licentiate Associate Fellow

International (tick one)

Fill in sections 1, 3 and 6

- Licentiate Associate Fellow

Full Qualified Membership (tick one)

- Licentiate Fill in sections 1-6
 Associate Fill in sections 1-6
 Fellow Fill in sections 1-6

Section 1 – About you

Title (Mr/Mrs/Ms/Dr etc.) _____ First Name(s) _____

Last Name _____

Name You're Usually Known By _____

Date of Birth _____

Business Name (if applicable) _____

VAT Reg No. (for UK & International Members if applicable)

Home Address

_____ Postcode _____

Country _____

Tel _____ Mobile _____

Email _____

Website _____

Other Information

Are you: a professional photographer a keen enthusiast

Other (please specify) _____

Is there a particular type of photography that interests you? (please specify)

Would you be interested in any specific training to help develop your photography? (please specify)

Which type(s) of photography would you submit for assessment?
(eg. commercial, weddings etc.)

Which networking forums do you use?

Facebook Twitter Linked In Other

If Other, please specify: _____

Membership of Associations

Are you a member of any photographic associations?

Yes No

If Yes, please specify _____

Section 2 – Current or Relevant Education & Training

Course Title _____

Qualification (achieved or to be achieved)

Qualification Type/Route (please specify)

Degree BIPP Approved Centre SQA
 HM Forces College of Policing Other

Start date _____ Course Duration _____

University/College _____

Relevant Work Experience

(including brief details, dates & contact details of the employer)

Section 3 – Business/Term Time Address (if different from Home Address)

_____ Postcode _____

Country _____

Tel _____ Mobile _____

Email _____

Website _____

Which Address Should We Use For Correspondence?

Home Business/Term Time

Section 4 – Employment Information

Self Employed?

Are you: Sole Proprietor Director

How many years have you been in business? _____

How many people do you employ? _____

Types of commissions undertaken _____

Employed?

Are you employed as a:

Photographer Manager/Lecturer

Technician Other

If Other, please specify: _____

Type of work undertaken by the company _____

Do you undertake any other duties within the company?

No Yes (please specify) _____

How many years have you been employed in photography? _____

Section 5 – Terms & Conditions

(please tick the **relevant** box & sign at the bottom of the page)

Friends

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 accept I cannot advertise myself as a member of the Institute unless I qualify. 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 submitted and that I am strongly advised to arrange my own insurance cover if submitting work. I agree to 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. Your contact details may be used to keep you informed about products, services or events by our affiliated companies. If you'd prefer not to receive information of this nature, please write to our Chief Executive at the address on the bottom of this form.

Student Membership

I agree to be bound by the Institute's Memorandum and Articles of Association and declare that the information submitted in respect of my application is a true statement of fact. I accept that I cannot advertise myself as a member of the Institute and that student membership is only valid while I remain enrolled on the course detailed in my application, which is a U.K. course of NVQ Level 3 or above. 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 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. Your contact details may be used to keep you informed about products, services or events by our affiliated companies. If you'd prefer not to receive information of this nature, please write to our Chief Executive at the address on the bottom of this form.

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.)

Full Membership (LBIPP/ABIPP/FBIPP)

I hereby apply to be admitted as a qualified 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 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. Your contact details may be used to keep you informed about products, services or events by our affiliated companies. If you'd prefer not to receive information of this nature, please write to our Chief Executive at the address on the bottom of this form.

Signature _____ Date _____

Section 6 - Payment

Membership fees are payable by Direct Debit. Please tick the relevant box below and complete the Direct Debit form.

Please note that any administration or qualification submission fees cannot be paid by Direct Debit.

For Full Qualified Members & Students ONLY

- Annual (£225 inc VAT or £50 for Students) or
 Quarterly (£56.25 inc VAT or £12.50 for Students) or
 Monthly (£18.75 inc VAT or £4.17 for Students)

For Friends ONLY

- Annual (£100 inc VAT) Quarterly (£25 inc VAT) Monthly (£8.34 inc VAT)

For Reinstatement of Past Membership ONLY

The Reinstatement Fee is in addition to the annual membership. Please ensure you also include card details for your Reinstatement Fee.

- I authorise BIPP to debit my Visa/Mastercard/Delta/Electron/Maestro/Amex with the sum of: £150 inc VAT (fill in card details below).
 I have completed the Direct Debit form overleaf.

For International Members ONLY

- I authorise BIPP to debit my Visa/Mastercard/Delta/Electron/Maestro/Amex with the sum of: £150 inc VAT (fill in card details below).

Card Details

Card Type _____

Card Number _____

Valid From Date _____ Expiry Date _____

Security Code _____ Issue No _____

For All Applicants:

Signature _____ Date _____

