

Membership Application

Please complete in **BLOCK CAPITALS**

Membership applied for

- | | |
|-----------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Student | <input type="checkbox"/> Full Qualified Membership |
| <input type="checkbox"/> Provisional | <input type="checkbox"/> Licentiate |
| <input type="checkbox"/> Reinstatement of past membership | <input type="checkbox"/> Associate |
| | <input type="checkbox"/> Fellow |

About You

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

Name You're Usually Known By _____ Date of Birth _____

Business Name _____

VAT Reg No (if applicable) _____

Home Address

Address _____

Postcode _____

Country _____

Tel _____ Mobile _____

Email _____ Website _____

Business/Term Time Address (if different from above)

Address _____

Country _____ Postcode _____

Tel _____ Mobile _____

Email _____ Website _____

Correspondence Address Home Business

Current or Relevant Education & Training

Course Title _____

Qualification (achieved or to be achieved) _____

Qualification Type/Route:

Degree BIPP Approved Centre SQA HM Forces College of Policing

Start Date _____ Course Duration _____

College _____

Relevant Work Experience (including dates & contact details of the employer) _____

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:

Photographer Manager/Lecturer Technician Other (please specify)

Types of work undertaken by the company _____

How many years have you been employed in photography? _____

Do you undertake any other duties within the company?

No Yes If yes, what proportion of your time is spent on photography? _____

Membership of Associations

Are you a member of any photographic associations?

No Yes (please specify) _____

Terms & Conditions (please tick the relevant box)

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.

Provisional Membership

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 that I cannot advertise myself as a member of the Institute until qualified and that provisional membership is available for a maximum of 12 months during which time I must submit a panel of work to be assessed.

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.

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 _____

Payment

I wish to take advantage of the discounted rate of **£195 inc VAT (£50 for students)** by paying my membership by Direct Debit and have completed the form below.



- Annual (£195 inc VAT or £50 for students) **or**
 Quarterly (£48.75 inc VAT or £12.50 for students) **or**
 Monthly (£16.25 inc VAT or £4.17 for students)

Reinstatement of Past Membership ONLY

Administration fees cannot be paid by Direct Debit and the Reinstatement Fee is in addition to the annual membership. Please ensure you complete the Direct Debit form for your membership and also include a cheque or card details for your Reinstatement Fee.

- I enclose a cheque for the reinstatement fee of £120 inc vat, payable to BIPP.
 or
 I enclose my card details for £120 inc VAT.

Card Type (not Amex) _____
 Card Number _____
 Valid From Date _____
 Expiry Date _____
 Security Code _____

	<p>Instruction to your Bank or Building Society to pay by Direct Debit</p>																										
<p>Please fill in the whole form using a ball point pen and send to: BIPP, The Coach House, The Firs, High Street, Whitchurch, Buckinghamshire HP22 4SJ</p>																											
<p>Name and full postal address of your Bank or Building Society</p> <p>To: The Manager Bank/Building Society</p> <hr/> <p>Address</p> <hr/> <p>Postcode</p>	<p>Service User Number</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 15%;">9</td> <td style="width: 15%;">8</td> <td style="width: 15%;">0</td> <td style="width: 15%;">0</td> <td style="width: 15%;">1</td> <td style="width: 15%;">6</td> </tr> </table>	9	8	0	0	1	6	<p>Reference</p> <table border="1" style="width: 100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> </table>																			
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<p>FOR BIPP OFFICIAL USE ONLY This is not part of the instruction to your Bank or Building Society</p>																											
<p>Name(s) of Account Holder(s)</p> <hr/>	<p>Instruction to your Bank or Building Society Please pay BIPP Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with BIPP and, if so, details will be passed electronically to my Bank/Building Society.</p>																										
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<p>Banks and Building Societies may not accept Direct Debit Instructions from some types of account.</p>																											

Please leave the 'Reference' number boxes blank

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, BIPP will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request BIPP to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by BIPP or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 -If you receive a refund you are not entitled to, you must pay it back when BIPP asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.