



Malta Institute of Professional Photography (VO0438)
27, Moonlight, Giovanni Papaffy Street, Ta' Paris,
Birkirkara, Malta, BKR 4021

Membership Application Form

Subscription Fees applicable as from 1st January of each year.

Name & Surname: Mr / Mrs / Ms : _____

Home Address: _____

Business Name & Address: _____

Tel/ Mob No: _____ / _____

Skype Name: _____

Date of Birth: _____

Status: _____

E-Mail: _____

Website: www. _____

Photographic Qualifications (if any): _____

Recommendor's Name, Surname & Signature:

Member's Occupation: _____

Permission to show members details in the MIPP website/media? Yes / No:

Permission to give member's details to *Bona Fide* sources? Yes / No:

NB: The signing of this form by the applicant signifies acceptance to strictly adhere to all MIPP membership rules & regulations, Code of Ethics & Statute. I do not object to photographs of myself taken during MIPP activities and used for PR and non-commercial purposes.

Applicant's Signature:

ID or Passport No. if foreign Nationals:

Date of Application: _____

To be filled in by Youth Members only:

Parent/Guardian's Name & Surname: _____

Parent/Guardian's signature: _____

Tel No: _____

ID Card: _____

Email: _____

Fees Payable: (mark status accordingly)

<input type="checkbox"/>	MIPP Qualified Member	40 euro per annum
<input type="checkbox"/>	MIPP Member	40 euro per annum
<input type="checkbox"/>	MIPP Youth Member	15 euro per annum
<input type="checkbox"/>	Pensioners (61 and over)	25 euro per annum
<input type="checkbox"/>	Joint Membership (partners living together)	60 euro per annum
<input type="checkbox"/>	Overseas Member	40 euro per annum

Amount : _____

Cash: _____ Cheque No: _____

Bank Trf: _____ Receipt No: _____

Approved / Rejected Date: _____

MIPP officer's Name & Position: _____

For MIPP official use only:

Proof and copy of ID Cards (when required) are to be attached.