



**Malta Institute of Professional Photography**  
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 (Married or cohabiting couples)                                 | 60 euro per annum |
| <input type="checkbox"/> | Overseas Member  | 40 euro per annum |
| <input type="checkbox"/> | Qualified Members who have been members for at least 5 consecutive years or over | 30 euro per annum |

**For MIPP official use only:**

Amount : \_\_\_\_\_

Cash: \_\_\_\_\_ Cheque No: \_\_\_\_\_

Bank Trf: \_\_\_\_\_ Receipt No: \_\_\_\_\_

Approved / Rejected Date: \_\_\_\_\_

MIPP officer's Name & Position: \_\_\_\_\_

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