



**The Institute of
Photographic Technology**
(Incorporated)

P.O. Box 5385
Melbourne, Victoria 3001

Mr./Ms./Dr. First: _____ Middle: _____ Last: _____

Title: _____

Department: _____

Company: _____

Business address (include City, State and Post Code): _____

Nature of present work: _____

Special interests or expertise (for Membership Directory): _____

Qualifications and/or experience: _____

Home phone: _____ Business phone: _____

Fax number: _____ E mail address: _____

Mobile: _____

Home address (include City, State and Post Code):

My preferred mailing address is (circle one): Home / Business

Declaration:
I declare that, to the best of my knowledge, the information supplied in this application is correct and complete.

I undertake to promote the interest and welfare of The Institute of Photographic Technology, Inc. and to abide by the Constitution so long as I remain a member.

Signature: _____

Date: _____

Signature of Proposer: _____
Date: _____

Signature of Seconder: _____
Date: _____

Approved by Council (date): _____

Presented to Members (date): _____

Certificate issued: _____