





**IRISH TRANSLATORS' & INTERPRETERS' ASSOCIATION**  
**CUMANN AISTRITHEOIRÍ AGUS TEANGAIRÍ NA HÉIREANN**

Application Form for **Professional Membership**

**The Professional Membership Examination 2010 will take place on**

**Friday, 16 and/or Saturday, 17 April 2010**

I am available to take the examination on 16 and/or 17 April 2010: ( ) Yes ( ) No

Please indicate date and method of payment of € 20 administration fee:

Date: \_\_\_\_\_

Cheque / Postal Order \_\_\_\_ Bank Transfer \_\_\_\_ PayPal (via ITIA website) \_\_\_\_

Please include the payment reference "Surname PM" if paying by postal order or bank transfer. Please do not send any other fee at this point in time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All applications must be accompanied by:**

- ( ) Completed application form
- ( ) Full CV
- ( ) Proof of relevant qualifications
- ( ) Signed declaration (see page 3 of this application form)
- ( ) Proof of professional experience (incl. client sheet, see page 4 or 5)
- ( ) Contact details of 2 professional referees (see page 6)
- ( ) Non-refundable administration fee (€20)

Please note that each language combination requires a separate application. However, it is sufficient that one CV, one signed declaration and one registration fee be submitted in this case.

**Please note that incomplete applications or applications received after the closing date will not be processed.** The closing date for receipt of applications for Professional Membership of the ITIA is

**12 March 2010**

**Please send completed applications by post to:**

ITIA

The Professional Membership Secretary

C/o Irish Writers' Centre

19, Parnell Square, Dublin 1



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## Code of Practice and Professional Ethics (Individual Member)

### Declaration

I, (name) \_\_\_\_\_

have read the Code of Practice and Professional Ethics of the Irish Translators' and Interpreters' Association / Cumann Aistritheoirí agus Teangairí na hÉireann and hereby agree to abide by it.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_





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**Professional Experience**

**Interpreter: Total experience:** ( ) 2+ years ( ) 3+ years ( ) 5+ years  
(Please provide contact details in case we wish to contact your clients/work providers).

**Main clients / work providers**

<b>From</b>	<b>Until</b>	<b>Client / work provider</b>	<b>Area (courts, hospital etc.)</b>	<b>No of days / hours</b>	<b>Languages</b>

I certify that the above information is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**First Referee**

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone no.: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Second Referee**

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone no.: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_