



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

Application Form for **Associate** Membership

Please use block letters

Title (Mr/Mrs/Ms/Dr/other.): _____

Surname: _____

First name(s): _____

Address: _____

Telephone: _____

Email: _____

Fax: _____

Mobile: _____

Website: _____

Country of birth: _____

Nationality: _____

Current occupation: _____

If a translator/interpreter, please state if:

Full-time _____ Part-time _____

Freelance _____ Staff _____

Conference interpreter _____

Community interpreter _____

Language combination(s) (max. 2):

Source _____ Target _____

Source _____ Target _____

Specialisation(s) _____

Where did you hear about the ITIA?

What are your main reasons for wishing to join the
ITIA? _____

I subscribe to the aims of the ITIA and agree to abide
by the Code of Practice of the Association. I hereby
apply for Associate Membership of the ITIA

Signature: _____

Date: _____

All applications must be accompanied by:

- 1) Full CV
- 2) Annual subscription (€ 50)
- 3) Signed Declaration for the Code of Practice
and Professional Ethics of the ITIA (available
on ITIA website)

Please indicate method of payment:

Cheque _____ PayPal _____

Bank Transfer _____ Standing Order _____

Please send completed applications to:

The Membership Secretary
ITIA
Irish Writers' Centre
19, Parnell Square
Dublin 1
Ireland