



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

Application Form for **Associate** Membership

reduced rate subscription (€40) for the period 1 December 2017 to 31 May 2018

PLEASE USE BLOCK LETTERS

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

Surname: _____

First name(s): _____

Address: _____

Tel.: _____

Email: _____

Mobile: _____

Website: _____

Date of birth: _____

Country of birth: _____

Nationality: _____

Current occupation: _____

If a translator/interpreter, please state if:

Full-time _____ Part-time _____

Freelance _____ Staff _____

Translator _____ Interpreter _____

Language combination(s) (max. 2):

Source _____ Target _____

Source _____ Target _____

Third-level qualification(s):

Where did you hear about the ITIA?

What are your reasons for wishing to join the ITIA?

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

Signature: _____

Date: _____

All applications must be accompanied by:

- 1) Full CV
- 2) Copies of third-level qualifications (the ITIA may ask to see the originals)
- 3) Signed Declaration for the Code of Practice and Professional Ethics of the ITIA (available on ITIA website)

Please **do not include payment** with the application. If your application is approved, you will be contacted with details of how to pay the annual membership subscription.

Please send completed applications to:

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

to reach the ITIA **by the last Thursday of the month**. Applications are considered at the monthly meeting of the ITIA Executive Committee.

The ITIA reserves the right to refuse admission to the Association.