



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

Application form for **Affiliate** Membership

reduced rate (€20) subscription 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.: _____ Fax: _____

Email: _____

Mobile: _____

Country of birth: _____

Date of birth: _____

Nationality: _____

Current occupation: _____

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

Signature: _____

Date: _____

All applications must be accompanied by:

- 1) Full CV
- 2) 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 will be processed once a month.

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