

Application Form for Student Membership

Title (Mr/Ms):	First name:
Surname:	
Address:	
Mobile no.:	
Email address:	
Website:	
Country of birth:	Nationality:
Third level Institution:	
Title of course:	
Duration of course:	
Where did you hear about the ATII?	
Why are you interested in joining the ATII?	
If my application is successful, I consent to the ATII keeping it on record for the duration of my membership.	
Signature:	
Date:	

Applications must be accompanied by:

- Full curriculum vitae
- Signed and scanned Declaration (see below)
- Proof of current registration as a student

Please email your application to: info@atii.ie

DECLARATION

I, (name in BLOCK CAPITALS) _____

have read and understand

- The Constitution of the ATII
- The ATII Code of Practice and Professional Ethics
- The ATII Internal Code of Conduct and, where applicable,
- The Code of Ethics for Community Interpreters

Signature: _____

Date: _____