

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:	
Duration of Course.	
Where did you hear about the ITIA?	
Why are you interested in joining the ITIA?	
If my application is successful, I consent to the ITIA 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
Cignature
Signature:
Date: