



IGNITE PHOTOGRAPHIC CLUB

MEMBERSHIP APPLICATION

Name	_____		
Surname	_____		
Home Address	_____ _____ _____		
Mobile Number	_____		
Home/Work Number	_____		
Email Address	_____		
Date of Birth	_____		
Occupation	_____		
IPC Home Club	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
Other Club/s	_____		
PSSA Member	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Number _____
PSSA Honours	_____		

I hereby apply for membership of the Ignite Photographic Club (IPC) and if accepted, I agree to abide by the constitution and the rules of the club. I authorise IPC to keep records of my personal information as well as my images. I also hereby authorise IPC to share my information with other members in the photographic community (PSSA, WCPF) for the operation of photographic business. I also hereby authorise IPC to add my contact details to the various communication channels i.e. Whatsapp, Facebook, Instagram, email and any other platforms that may be decided upon in the future. I also grant IPC permission to use my photographs for marketing purposes.

Where IGNITE is your primary club:

Where ignite is your primary club all work submitted for evaluation and club competition may be used by IGNITE to compete in any Interclub competition

Where IGNITE is NOT your primary club:

Should IGNITE not be your primary club, you agree that any images submitted to IGNITE for evaluation and/or competition will **not** be made available to any other club for submission for any competition.

Signature: _____ **Date:** _____

Annual Membership Fees

The fees are adjusted each year and are due by no later than 15 July each year. Please note that EFT payments are required. Please refer to the current fee structure agreed upon and noted on the website

Banking Details

Please use: IPC your initial and surname as reference:

IGNITE PHOTOGRAPHIC CLUB
Standard Bank
Branch 051001
Account Number 1017 263 4243

PLEASE SCAN AND EMAIL TO THE SECRETARY: OHNA@DIEDANSSAAL.CO.ZA