



IRISH TRANSLATORS' and INTERPRETERS' ASSOCIATION  
CUMANN AISTRITHEOIRÍ agus ATEANGAIRÍ NA hÉIREANN

### 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 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<br>Date.....  |              |

**Applications must be accompanied by:**

- Full **curriculum vitae**
- Signed and scanned Declaration** for the ITIA Code of Practice and Professional Ethics (see website)
- Proof of current registration as a student**

**Please email your application to:** [info@translatorsassociation.ie](mailto:info@translatorsassociation.ie)