

THE INSTITUTE OF PROFESSIONAL GOLDSMITHS

APPLICATION FORM

All Sections must be completed.

Title		Full Name	
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I hereby apply for **Fellowship/Associate Fellowship/Membership/Social Membership** (**Please delete/indicate as appropriate**) of the Institute of Professional Goldsmiths on the basis of the information provided on this form and agree to accept the decision of the Institute as to my eligibility for membership. If accepted I agree to abide by and observe the Institute's rules as a condition of my continuing membership.

Private Address			
Email (for IPG contact)		Postcode	
Home Telephone No.		Mobile No.	

Current Employer			
Employers Address			
		Postcode	
Work Telephone No.		Email	

The Following are for publication with your listing on our website

Web Address		Email (for public use)	
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Craft Occupation		Date From	
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I wish correspondence to be address to: Private Address Business Address

Career Information (in chronological order)

Additional information may be submitted on a separate sheet. Please attach this to the application form

Date: From	To	Name of Organisation	Position Held

Other Qualifications			
Proposed By or How Heard About IPG			

The proposer must be a Fellow of the Institute of Professional Goldsmiths

I confirm that the above details are true. I accept that should my subscriptions fall into arrears for any reason my rights to membership will automatically cease.

Signature of Applicant:

Date: