A close up of a logo

Description automatically generated with low confidence

**Isle of Man Photographic Society**

**Membership Application / Renewal - 2024-25 season**

(Valid until October 2025)

Please complete this form and email to the Membership Secretary via [secretary@iomps.co.uk](mailto:secretary@iomps.co.uk)

|  |  |  |
| --- | --- | --- |
|  | **Member 1** | **Other Members (if joint or family membership)** |
| Membership Type | Single Adult / Joint Adult /  Student / Junior | Applicable for two adults living at same address. |
| Forename |  |  |
| Surname |  |  |
| Email address |  |  |
| Postal Address | ………………………………………............  ……………………………………………….  ……………………………………………….  ………………………………………………. | As Member 1 |
| Post Code |  |
| Telephone No. |  |  |
| Mobile No. |  |  |

**For new members only:**

How did you hear about the club? ………………………………………………………………………………………………………………………………

**The current (2024-2025) annual Membership subscriptions are**:

**Adults Single** £40 **Adults Joint** £60 **Senior** £30 (over 70) **Students** £0 **Juniors** £0 **Off Island** £25

*A full year’s subscription is payable by anyone joining up to 31 December in a season.*

*New member(s) attending their first meeting after 31 December pay(s) only half the relevant subscription.*

*All renewal subscriptions are due by 31st October each year.*

Please confirm that you have read the data protection policy available on the website or from the

Yes

Secretary:-

Please read the **Club Constitution** (available on the website or from the General Secretary).

The Club’s **Competition Rules** can be found on the website or obtained from one of the Competition Secretaries.

**PAYMENT**

Electronic payment direct to our bank account. You **MUST** include your name as a Reference when doing so and provide payment details in the section below. Our sort-code and account number are essential.

**Account name**: IOM PHOTO SOC **Sort code** 55 91 00 **Account number** 11529202

**Amount sent** £………………… **Payment reference** ……………...…… **Payment date** ………………

It would be appreciated if the above payment method is used by all members. In the event of exceptional circumstances where this is not possible please refer to the Membership Secretary.

Date …………………………