



APPLICATION FOR FELLOWSHIP AWARD

NAME _____

ADDRESS _____

Category of work _____

Number of Prints _____ **CD** _____ **Contact Sheet** _____

Signed _____ **Date** _____

This form should be completed and returned with application fee of €250 to:-

IPPA
Unit 5 Naas Road Business Park
Muirfield Drive
Dublin 12

Please make cheques payable to The IPPA. IF you wish to pay by credit card please phone the office on 01 4298648

