For Office Use: Submission Number



RESEARCHAPPLICATION FORM

FOR OFFICE USE ONLY

Outcome

Received Date:

Successful

Unsuccessful Signed

1

All fields are mandatory

Please Complete in **BLOCK CAPITALS**

PERSONAL DETAILS

Membership Number Date of Birth

Title First Name(s) Surname

Name to appear on Certificate

CONTACT INFORMATION

Address City

County

Country Postcode

Contact Number Email

WHICH DISTINCTION ARE YOU APPLYING FOR?

Licentiate Associate Fellowship

ABOUT YOUR SUBMISSION

Submission Title

Please provide a brief description of your submission

TERMS & CONDITIONS you must sign the following in order for your application to be processed.

✓ I have read and agree with the RPS Privacy Policy (www.rps.org/privacy-policy)

✓ I have read and agree to abide by the Distinctions Terms & Conditions. (www.rps.org/distinctions-terms-conditions)

Applicant Signature

Date

APPLICATION FEE

[All prices valid until 31/12/2024]

Licentiate £42.50

Associate £60.00

Fellowship £85.00

TOTAL £

PAYMENT METHOD

CHEQUE Please make cheques payable to The Royal Photographic Society

Please pay distinctions@rps.org. In the message box please type your name followed by "Research Application fee".

E.g. Jo Bloggs Research Application fee

CARD Visa | Mastercard | Maestro

Expiry Date (MMYY)

Overseas applicants are requested to make payment in sterling



NON-MEMBERS PLEASE NOTE

In order to hold a Society Distinction/Qualification, you must be a Society Member.

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