

RESEARCH
APPLICATION FORM

FOR OFFICE USE ONLY

Received Date:

Outcome

Successful

Unsuccessful

Signed



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 31/12/2026]

Licentiate £42.50

Associate £60.00

Fellowship £85.00

TOTAL £

PAYMENT METHOD

CHEQUE Please make cheques payable to *The Royal Photographic Society*

PAYPAL 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.

Not yet a member? Love photography? Join us to receive exclusive member benefits and help the RPS achieve more

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PLEASE RETURN THIS FORM TO:

The Distinctions Department, The Royal Photographic Society, HERE, 470 Bath Road, Arnos Vale, BRISTOL, BS4 3AP OR Email: distinctions@rps.org