

**Applicant Signature** 

| FOR OFFICE USE ONLY  | Ret             | Return Method         |    |                     |              |  |
|--|-----------------|-----------------------|----|---------------------|--------------|--|
| Received Date:   | Ove             | Overseas Courier      |    | Personal Collection |              |  |
| Booking Confirmation Date:   | UK              | UK Courier (£18 Paid) |    | Non Return          |              |  |
| All fields are mandatory Please Complete in <b>BLOCK CAP</b>   | PITALS          |                       |    |                     |              |  |
| 1. PERSONAL DETAILS  |                 |                       |    |                     |              |  |
| Membership Number  | (if applicable) | Date of Birth         | 1  | 1                   | dd   mm   yy |  |
| Title First Name(s)  |                 | Surname               |    |                     |              |  |
| 2. CONTACT INFORMATION   |                 |                       |    |                     |              |  |
| Address  |                 | City                  |    |                     |              |  |
|  |                 | County                |    |                     |              |  |
| Country  |                 | Postcode              |    |                     |              |  |
|  |                 |                       |    |                     |              |  |
| Contact Number   | Email           |                       |    |                     |              |  |
| 3. ASSESSMENT DATE Click here for available assessment dates.  |                 |                       |    |                     |              |  |
| Preferred Assessment Date  | Gen             | ire                   |    |                     |              |  |
| Do you plan to attend the assessment in *Photobooks Genre is held without an audience  |                 |                       | No | I'll attend online  |              |  |
| Please note you must send your final submission to us at least 21 days prior to the Assessment Date  |                 |                       |    |                     |              |  |
| 4. SUBMISSION FORMAT Please indicate which format you intend to submit (One only)  *Please skip this section if Photobooks Genre is selected |                 |                       |    |                     |              |  |
| PRINT  | DIGITA          |                       |    |                     | воок         |  |
| 5. TERMS & CONDITIONS you must tick and sign the following in order for your booking to be processed.  |                 |                       |    |                     |              |  |
| ✓ I have read and agree with the 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)                          |                 |                       |    |                     |              |  |
| That o road and agree to ablac by the Distributions remis a containons (www.rps.org/aistrictions)  |                 |                       |    |                     |              |  |

On receipt of this Booking Form, a confirmation email will be sent to the email address stated above. You will find the Submission Details Form attached to the confirmation email, which must be completed and returned with your submission.

Date

### 6. APPLICATION FEE

[All prices valid until 31/12/2025]

Fellowship Submission Fee

£170.00

Concessions

Full Time Student | 25 & Under | Disabled

£85.00

(Please include proof of status with this form)

### 7. RETURN POSTAGE

[All prices valid until 31/12/2025]

UK

£18 Mainland UK Courier\* (up to 10kg)

Non-Return

Personal Collection

**OVERSEAS** 

Courier\*\*

Non-Return

# TOTAL £

## 8. 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 then FRPS followed by your assessment date.

E.g. Jo Bloggs FRPS DD/MM/YY

**CARD** Visa | Mastercard | Maestro

Expiry Date (MMYY)

Overseas applicants are requested to make payment in sterling

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# PLEASE RETURN THIS FORM TO:

<sup>\*</sup>Maximum claim for loss of portfolio is £50

<sup>\*\*</sup>Payment will be debited from your credit card for the return of your Portfolio up to the value of £90. If postage is over £90, your authorisation will be requested. When paying by PayPal, please also include card details so that return postage can be taken.