



# Arizona Professional Photography Association (AzPPA) Membership Application

**Primary Member**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**First Additional Member**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Second Additional Member**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**Studio or Business Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Referred By:** \_\_\_\_\_

If you are a PPA member, please provide us with your PPA Number:

\_\_\_\_\_

**AZPPA Membership Categories & Annual Dues**

All Dues include Monthly Meetings. Pro-rating of membership renewals is not available no matter when you renew your membership.

**Professional Active Photographer** **\$225**

A person who earns his/her income from photography.

**Additional Membership** **\$155**

Membership for an employee, spouse or associate, with a paid membership for a primary photographer.

**Studio Membership Package** **\$450**

A studio membership package includes membership for 3 members of the same studio (one professional membership and two additional active memberships). This price reflects a savings over purchasing these memberships individually.

**Student** **\$ 45**

Students must be enrolled as a full time student. Proof of full time enrollment must be provided, i.e., transcript. Students shall have no vote and may not hold a board position. Limit 2 years as a student member then must move to full Membership.

**Primary Area of Specialty**

(check one)

- Wedding
- Portraits
- Commercial
- Sports
- Special Events

**Volunteer Interests**

(check all that apply)

- Vendor Relations
- Meeting Support
- State Convention
- Print Competition
- Audio Visual
- Communications
- Committee Member

## Request for Membership

I hereby apply for membership in the Arizona Professional Photographer Association (AzPPA). I have read the online Code of Ethics for the organization and understand that my signature below indicates strict adherence to the bylaws.

My signature below indicates my willingness (as well as the acceptance of responsibility to help ensure any other individuals listed under my membership) to always give honest and professional service/products to all clients and fellow photographers.

**Primary Member's Signature:** \_\_\_\_\_ **PPA #:** \_\_\_\_\_  
(if appl.)

**1<sup>st</sup> Add'l Member's Signature:** \_\_\_\_\_ **PPA #:** \_\_\_\_\_  
(if appl.)

**1<sup>st</sup> Add'l Member's E-mail Address:** \_\_\_\_\_

**2<sup>nd</sup> Add'l Member's Signature:** \_\_\_\_\_ **PPA #:** \_\_\_\_\_  
(if appl.)

**2<sup>nd</sup> Add'l Member's E-mail Address:** \_\_\_\_\_

All processed applications are subject to final approval by the Board of Directors at the next scheduled meeting.

### Payment Details

**AzPPA Membership Level** \_\_\_\_\_

**Additional Members :** \$ \_\_\_\_\_

**Additional Members :** \$ \_\_\_\_\_

**TOTAL AMOUNT DUE:** \$ \_\_\_\_\_

**Date Paid:** \_\_\_\_\_

**Check Number:** \_\_\_\_\_ **(Made payable to AZPPA)**

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **3 Digit Code:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

(We will gladly swipe your credit card at the meeting.)

**Mail your completed form and payment (Payable to AzPPA) to:**

**Dan Hammel, M.Photog,Cr, CPP, Managing Executive Director**

**1502 Pompey Way**

**Prescott, AZ 86301. 602.321.2353**

**Email: azppahammel@aol.com**