



Arizona Professional Photography Association (AzPPA)
Membership Application 2010



Primary Member's Name: _____ (Last Name) _____ (First Name)

Additional Member's Name: _____ (Last Name) _____ (First Name)

Additional Member's Name: _____ (Last Name) _____ (First Name)

Studio or Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Web Site: _____

Work Phone: _____ Fax Number: _____

Cell Phone: _____ Home Phone: _____

AZPPA MEMBERSHIP CATEGORIES AND ANNUAL DUES

All Dues include Monthly Meetings

New Member dues are pro-rated based upon the month the application is submitted.

1. Professional Photographer: A Person who earns his/her income from photography
\$225

2. Aspiring Professional Photographer: A person engaged in a primary career other than photography who wishes to become a professional photographer. Aspiring Professionals shall have no vote and may not hold a board position. Limit 2 years as an aspiring member then move to Professional Photographer.
\$170

3. Student: 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 Aspiring or Professional Membership.
\$40

4. Additional Active: Membership an employee, spouse or associate, with a paid membership for a primary photographer.
\$155

5. Studio Membership Package: 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.
\$350

Primary Area of Specialty (Check One)

- Wedding Portraits Commercial Sports Special Events

REQUEST FOR MEMBERSHIP

I hereby apply for membership in the **Arizona Professional Photographers 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: _____ **Date:** _____

Additional Member's Signature: _____ **Date:** _____

Additional Member's E-mail Address: _____

Additional Member's Signature: _____ **Date:** _____

Additional 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 # _____

MasterCard or Visa # _____ **Expiration Date** _____

Mail your completed form and payment - Payable to AzPPA to:
Frank Rigo, Executive Director
4410 N. 14th Avenue
Phoenix, AZ 85013-2611
Fax: 602-285-9464

