



Arizona Professional Photography Association (AzPPA)
Membership Application



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.

All Returning members will be required to submit the full category annual dues anytime following January's annual enrollment period. Renew by January 31st for a savings of \$25!

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

\$200 if Paid after January 31st

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.

\$145 if Paid after January 31st

3. Student: Students must enclose a copy of a valid school ID along with a membership application. Students shall have no vote and may not hold a board position.

\$40 if Paid after January 31st

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

\$130 if Paid after January 31st

5. Vendor/Corporate or Studio Group: A Corporate or photo studio membership is defined as a photographer with up to 3 members. A vendor is defined as a company, which supplies products and/or services to photographers. (Each membership includes the primary photographer's dues plus additional dues for a maximum of 3 members.)

\$275 if Paid after January 31st

Primary Area of Specialty (Check One)

- Wedding Portraits Commercial Sports Special Events
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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 Signature: _____ **Date:** _____

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 the AzPPA to:
Frank Rigo, Executive Director
4410 N. 14th Avenue
Phoenix, AZ 85013-2611

