



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: _____

AZPPA Membership Categories & Annual Dues

All Dues include Monthly Meetings

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

Professional Photographer \$225
A person who earns his/her income from photography.

Aspiring Professional Photographer \$225
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 Membership.

Student \$ 40
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 Photographer Membership.

Additional Active \$155
Membership 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.

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.)

1st Add'l Member's Signature: _____ PPA #: _____
(if appl.)

1st Add'l Member's E-mail Address: _____

2nd Add'l Member's Signature: _____ PPA #: _____
(if appl.)

2nd 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: _____

MasterCard or Visa Number: _____

Expiration Date: _____ 3 Digit Code: _____

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

Dan Hammel, M.Photog, Cr, ABI, Cert. Photog

Executive Director, AZPPA

13130 W Santa Ynez Ct

Corte Bella County Club

Sun City West, AZ 85375

phone and fax: 623.486.8855

cell: 602.321.2353

email: lchammel@aol.com