



Our Vision: Business first, creativity foremost and excellence always.

Membership Application for Retired Members

Retired memberships must be approved. You will be notified of your change in membership status after verification of eligibility.

Name (Please type or print.) _____

Studio/Company Name _____ Web site _____

Address _____

City _____ State _____ Zip _____

Phone _____ FAX _____ E-mail _____

Male Female Date of birth _____ Check here if you do not wish to receive information via mail from industry companies. Check here if you do not wish to receive information via e-mail on new products and services from carefully screened third parties..

Retired Membership: Retired Membership is available for PPA Professional Members who have been active members for at least 20 years before applying for Retired status. The applicant must be retired from the photographic industry and can no longer earn income there from.

Annual Dues: \$88

PLEASE NOTE: Retired members are not eligible to:

- Access Indemnification Trust
- Be listed in the Find-a-Photographer database
- Have Additional Associate members listed under their record
- Earn their Master of Photography or Master of Electronic Imaging degree

I attest to the fact that I am retired from the photographic industry and no longer earn income there from. Further, I have had a Professional Active membership with PPA for at least 20 years prior to this application for Retired membership. *I am aware that if it is made known that I am engaging in the photographic industry as a professional photographer, my membership will be changed back to Professional Active membership and I will be responsible for Professional Active member dues.

Signature: _____

(My signature on this document attests that all statements made by me are true to the best of my knowledge.)

Demographic Information (BPA) - Please select from the list on the next page.

Your Organization Your Title

Method of Payment Visa MasterCard AMEX Check made out to PPA (Not for Monthly)

Account number _____ Exp. date _____

Name on card _____ Signature _____

By submitting this application, you agree to abide by the PPA Code of Ethics.

Your signature indicates, if choosing the monthly credit card option, that you have read and agreed to the monthly credit card information on the next page.

Mail or fax this application to: Professional Photographers of America, 229 Peachtree St NE, Suite 2200, Atlanta, GA 30303 USA
Fax 404-614-6400, PPA Service Center 800-786-6277, 404-522-8600, e-mail: csc@ppa.com, www.ppa.com

PPA Code of Ethics

I, as a requirement for admission to and retention of membership and participation in Professional Photographers of America, Inc., agree to strive at all times to upgrade and improve my knowledge and skill of professional photography, marketing and related areas. In all my dealings with users of photography and the general public, I will: 1. Strive to present all photographic services in surroundings and in a manner which reflects the highest levels of professionalism. 2. Use the highest levels of honesty, professionalism and integrity. 3. Not use any marketing or competitive practice which violates any Federal Trade Commission, or other Federal or State regulatory agency rule or regulation, or Federal or State statute or any decision of any Federal or State Court. 4. In all dealings with fellow professional photographers, students and others who aspire to be professional photographers, I shall share the knowledge and skill of professional photography. 5. Support efforts for and assist in the education of all interested persons and the general public in the art and science of professional photography.

Demographic Information (BPA) Please use the letter codes to fill in the two boxes.

- (A) Portrait Studio (Includes Fine Arts)
- (Q) Wedding/Special Events
- (B) Commercial Studio
- (R) Freelance Photographer, Primarily Portrait /Wedding Events
- (S) Freelance Photographer, Primarily Commercial/Industrial
- (T) Business/Industrial Firm With In-House Photo Dept.
- (M) Commercial photo Lab/Lab Services
- (Y) Distributor/Manufacturer
- (Z) Press/Media/Agency/Stock Photo House
- (J) Education/Student/Library
- (L) Other (Please Specify) _____

My Title is (check ONE):

- (A) Photo Studio Owner/Co-Owner (Includes Self-Employed)
- (I) Photo Studio Manager
- (C) Staff Photographer
- (J) Corp. Manager (Pres., V.P., Director, Manager, etc.)
- (M) Media/Creative/Production/Technical/Support Staff Agent
- (G) Educator/Student/Librarian
- (H) Other (Please Specify) _____

\$13.50 of your dues is applied to your Professional Photographer subscription. Payments or contributions to Professional Photographers of America, Inc., are not deductible as charitable contributions for Income Tax purposes. Payments may be deductible as an ordinary and necessary business expense if you are in a photography related business. Please consult your own tax advisor. Submission of this application indicates your agreement to follow and abide by the policies and procedures and the Code of Ethics of the Professional Photographers of America. Membership commences upon receipt of payment and is for one year. Dues subject to change. Dues include \$10 per non-international member as the Copyright Protection Fund assessment.