

Membership Application for Life Members	
Name	PPA ID#
Address	
City	State Zip
Phone	Email
Male Female Date of b	
When did you join PPA?	Years of membership
a total of 95 qualifying years, and have been year of age. Life members have all the right Please note Life members Optional Indemnification Trust company May maintain CPP status by pay	
a Life member, I will no longer be require from paying any and all additional fees,	PA for at least 10 years and have a combination of at least 95 qualifying years. I understand that as d to pay annual dues to PPA. However, I also understand that Life membership does not exempt me such as Indemnification and Certification, and I will pay these fees annually as approved by the PPA Membership is granted only by the PPA Board of Directors and that I will be notified once the change
Signature: (My signature on this document attests that all s	Date:
Payment (U.S. funds). Your sign	ture indicates your agreement to abide by the PPA Code of Ethics. Trust coverage (\$25 per year) Visa MasterCard AMEX Check made out to PPA Exp. date
Name on card	Signature
	our signature indicates your agreement to abide by the PPA Code of Ethics.