

School Name: _____

School Web Address _____

Organizing Community Network Name: _____

Community Network Schools must hold a minimum of 26 hours of class time annually to remain an active school. Education can consist of one multi-day course or several courses across multiple days for a total of 26 hours minimum. PPA members who attend 26 hours of education or more during the school week will be eligible for PPA merits.

Please complete all requested information. All other information must be returned via mail or email with the return of this form. Failure to provide any of the listed information will result in the return of this renewal form. Please direct all questions to: communitynetworks@ppa.com.

- ☐ **\$320 Annual Community Network School. Fee:** Please enclose a check or complete the credit card information at PPA.com/RenewCN. Renewals submitted in full by the last day of February, annually, will be renewed for the early renewal rate of \$220.
- ☐ **Principles of Association:** Please include a ratified, signed copy of the PPA Principles of Association.
- ☐ **Tax Documentation:** Community Network Schools must file an annual 990 return with the IRS. You must provide a copy of the most current fiscal year's 990 tax return or 990N tax post card. Sponsoring Community Network tax documents will be accepted.
- ☐ **Community Network School Contact Information:** Please designate one official contact person who is responsible for receiving and responding to PPA correspondence. Your provided contact person will be PPA's touchpoint for all renewal notices, important communications, and the designated Community Network School contact on PPA.com.

SCHOOL DIRECTOR

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Email _____ PPA Member Number (required) _____

☐ Make this person the primary contact.

PRIMARY CONTACT (If other than School Director)

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Email _____ PPA Member Number (required) _____

☐ Make this person the primary contact.

(Please submit only one report per school)

SUMMARY REPORT

Name of School: _____

Date of School: _____

Number of Classes Scheduled: _____ Number Held: _____

Number of Educational Hours: _____ Number of Instructors: _____

Total Number of Students: _____ Total Number of PPA Members: _____

Tuition Range: _____

Next Year's School Dates: _____

Location of Next Year's School: _____

Address: _____

City: _____ State: _____ Zip: _____

Mail: Professional Photographers of America, attn: Community Network School Renewals
229 Peachtree Street NE
Suite 2300
Atlanta, GA 30303

Email: communitynetworks@ppa.com