



PPA Affiliate Name: _____

This PPA Affiliate renewal form and all documentation must be completed and postmarked by **December 31** to maintain the Affiliate status. For questions regarding your Affiliate renewal be sure to contact the office by **December 23** at 800-786-6277.

Please return this completed form to:

PPA: Affiliate Renewal
229 Peachtree Street NE, Suite 2300
Atlanta, GA 30303

All forms submitted electronically may be sent to affiliates@ppa.com.

Annual Affiliate Renewal Fee of \$200: You may include a check with this form or complete the credit card information below.

VISA **MASTER CARD** **AMERICAN EXPRESS**

Name on card _____

Credit Card Number _____

Expiration Date _____ Security Code _____

Billing Address _____

City/State/Zip _____

Affiliate Membership Roster: Upload your complete association membership roster. The membership roster must be in an Excel Spreadsheet (.xls format) with the following column headings: First Name, Last Name, PPA ID, Address 1, Address 2, City, State, Zip Code, Phone, and E-mail. Please upload your membership roster to ppa.formstack.com/forms/roster. Please note that PPA ID numbers are required. This is how Merit allocation is determined. Printed rosters are not accepted.

In addition, please complete the following questions:

What is your total affiliate membership? _____

How many of your affiliate members are PPA members? _____

Unless noted, all of the items listed below must be included with your PPA Affiliate renewal in order to complete the process.

Bylaws: Provide a current copy of your Affiliate's bylaws. Please note that if no changes have been made in the current calendar year, you do not have to submit a copy of your bylaws.

- Membership Application:** A current copy of your Affiliate’s membership application, including category descriptions and dues amounts (*If no changes have been made in the current calendar year, you do not have to submit*).
- Principles of Affiliation:** Please email or upload a ratified and signed copy of the PPA *Principles of Affiliation*. (*This is an annual document and must be submitted with the current President’s signature every year.*)
- Articles of Incorporation:** A current copy of your Affiliate’s state articles of incorporation, showing payment to the state in the current year. If your state does not require annual payments, please submit a document showing active status.
- Tax Documentation:** Please include or email a current copy of your annual 990, 990ez or 990N postcard filed with the IRS.
- Financial Report:** Please include or email a published and dated notification to members that “association financial information is available upon request” as stated in the *Procedures and Requirement to Maintain Affiliation with PPA*, **or** a copy of a published and dated financial report.
- Affiliate Information:** Please complete the following information if applicable.

AFFILIATE

Web Address _____
 Officer Election Date _____ Date Officers take office _____
 Date of meeting (include week and day of the month) _____
 Upcoming convention date and location _____

Affiliate Contact Information: Please complete all of the following required contact information.

Please complete all of the following required contact information. Designate one primary contact person who will be responsible for receiving and responding to PPA correspondence. Your official contact will receive all PPA mailings and be listed in the PPA membership directory as your affiliate’s contact person.

PRESIDENT

Name _____
 Address _____

 City _____ State _____
 Zip _____
 Phone _____
 Email _____
 PPA Member Number (required) _____
 _____ Make this person the primary contact.

PRESIDENT ELECT / VICE PRESIDENT

Name _____
 Address _____

 City _____ State _____
 Zip _____
 Phone _____
 Email _____
 PPA Member Number (if applicable) _____
 _____ Make this person the primary contact.

SECRETARY

Name _____

Address _____

City _____ State _____

Zip _____

Phone _____

Email _____

PPA Member Number (if applicable) _____

_____ Make this person the primary contact.

TREASURER

Name _____

Address _____

City _____ State _____

Zip _____

Phone _____

Email _____

PPA Member Number (if applicable) _____

_____ Make this person the primary contact.

EXECUTIVE DIRECTOR / MANAGER

Name _____

Address _____

City _____ State _____

Zip _____

Phone _____

Email _____

PPA Member Number (if applicable) _____

_____ Make this person the primary contact.

EDITOR

Name _____

Address _____

City _____ State _____

Zip _____

Phone _____

Email _____

PPA Member Number (if applicable) _____

_____ Make this person the primary contact.