



Professional  
Photographers  
of America

## Membership Application for Life Members

Name \_\_\_\_\_ PPA ID# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Male ☐ Female ☐ Date of birth \_\_\_\_\_  
(Required)

When did you join PPA? \_\_\_\_\_ Years of membership \_\_\_\_\_

**Life Membership:** Life Membership is available for PPA members who have been active members for a minimum of 10 years, have accumulated a total of 95 qualifying years, and have been approved by the Board of Directors. One qualifying year is awarded for each year of membership and each year of age. Life members have all the rights, privileges, benefits and services as PPA Full members.

### Please note Life members:

- Optional Indemnification Trust coverage – \$25 per year
- May maintain CPP status by paying the annual fee (and complying with certification policies)
- Receive complimentary registration for Imaging USA every year (must register each year in order to receive this benefit)

I have had an active membership with PPA for at least 10 years and have a combination of at least 95 qualifying years. I understand that as a Life member, I will no longer be required to pay annual dues to PPA. However, I also understand that Life membership does not exempt me from paying any and all additional fees, such as Indemnification and Certification, and I will pay these fees annually as approved by the PPA Board of Directors. I am aware that Life Membership is granted only by the PPA Board of Directors and that I will be notified once the change in status has been authorized.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(My signature on this document attests that all statements made by me are true to the best of my knowledge.)

**Payment (U.S. funds).** Your signature indicates your agreement to abide by the PPA Code of Ethics.

☐ **Yes, I want Indemnification Trust coverage (\$25 per year)**

TOTAL DUES  Visa ☐ MasterCard ☐ AMEX ☐ Check made out to PPA ☐

Account number \_\_\_\_\_ Exp. date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

Your signature indicates your agreement to abide by the PPA Code of Ethics.