



# State Affiliate Annual Meeting Merit Request Form

Merit certificates will be mailed to the contact person on this form. Requests must be sent at least two weeks prior to the event in order to receive merit certificates for the event date. Your merit request will be processed in the order in which it was received. Please contact [merits@ppa.com](mailto:merits@ppa.com) to check the status of your request.

Affiliate Name: \_\_\_\_\_ Affiliate Event Date(s): \_\_\_\_\_

Affiliate Meeting Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Email:** merits@ppa.com  
**Mail:** PPA - MERITS  
 229 Peachtree St. NE, Suite 2300  
 Atlanta, GA 30303

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*These merits will not be deducted from your merit allotment.  
Maximum of four merits per person, per annual meeting for non-state members.  
Maximum of two per person, per year for affiliate members, except PPA Continuing Education merits.*

**SPEAKER:** 2 Speaking Merits each (Merit code: 226)

Name	PPA ID #	Member of this state affiliate?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PRESIDENT:** 2 Service Merits annually (Merit code: 230) President is ineligible for merits other than service as president, except PPA Continuing Education merits.

Name	PPA ID #	Date of Last Day in Office
_____	_____	_____

**CONVENTION CHAIRMAN:** 2 Service Merits *In the case of co-chairmanship of a meeting or seminar, chairmen may take one merit each for a total of no more than two merits.*

Name	PPA ID #
_____	_____
_____	_____

**PROGRAM PANEL PARTICIPANT:** 1 Speaking Merit (Merit code: 239) (Maximum of one merit per meeting)

Name	PPA ID #	Member of this state affiliate?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PHOTOGRAPHIC COMPETITION CHAIRMAN:** 2 Service Merits each (Merit code: 275)

Name	PPA ID #	Member of this state affiliate?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**JURY CHAIRMAN:** 2 Service Merits each (Merit code: 331)

Name	PPA ID #	Member of this state affiliate?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**JURORS:** 2 Service Merits each (Merit code: 234)

Name	PPA ID #	Member of this state affiliate?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Attendee (PPA Continuing Education):** 1 Service Merit each (Merit code: 377)

- |   |   |
|---|---|
| <input type="checkbox"/> Yes, I held an approved PPA Continuing Education class and will email the attendee roster to <b>merits@ppa.com</b> . Roster should be in Excel and include: first name, last name, email and PPA ID number | <input type="checkbox"/> No, I did not hold a PPA Continuing Education class. |
|---|---|