

Association Name: _____

This PPA Community Network renewal form and all documentation must be completed and postmarked by **the last day of February, annually** to receive \$100 off your renewal. For renewal questions contact PPA at 800-786-6277 or email communitynetworks@ppa.com.

Please return this completed form to:

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

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

☐ **Annual Community Network Fee of \$200:** Please enclose a check or complete the credit card information at PPA.com/CN-Renew. (\$300 if renewal is submitted after the last day of February.)

☐ **Community Network 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, and PPA ID number. Please upload your membership roster to ppa.formstack.com/forms/roster. Printed rosters are not accepted. Please note that PPA ID numbers are required, however, if your Community Network is missing someone's PPA ID number, you may submit their email address instead.

☐ In addition, please complete the following questions:

What is your total membership? _____

How many of your members are PPA members? _____

☐ **Bylaws:** Provide a current copy of your Association'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 Community Network 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 Association:** Please email or upload a ratified and signed copy of the PPA Principles of Association. 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 Association'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”.
- ☐ **Association Information:** Please complete the following information if applicable.

ASSOCIATION DETAILS

Web Address _____

Officer Election Date _____ Date Officers Take Office _____

Date of Meeting (include week and day of the month) _____

Upcoming Convention Date and Location _____

☐ **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