



# 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 (Merit code: 236)** 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?  
 Yes  No

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

Name \_\_\_\_\_ PPA ID # \_\_\_\_\_ Member of this state affiliate?  
 Yes  No

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

Name \_\_\_\_\_ PPA ID # \_\_\_\_\_ Member of this state affiliate?  
 Yes  No  
\_\_\_\_\_  
 Yes  No

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

Name \_\_\_\_\_ PPA ID # \_\_\_\_\_ Member of this state affiliate?  
 Yes  No  
\_\_\_\_\_  
 Yes  No  
\_\_\_\_\_  
 Yes  No  
\_\_\_\_\_  
 Yes  No  
\_\_\_\_\_  
 Yes  No

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

Yes, I held an approved PPA Continuing Education class and will email the attendee roster to **merits@ppa.com**. Roster should be in Excel and include: first name, last name, email and PPA ID number

No, I did not hold a PPA Continuing Education class.

**Method of Payment:**  Visa  Mastercard  AMEX  Check  Pay by phone

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**\$10 per attendee. No cost for instructors. Merits awarded are not deducted from the sponsoring affiliate merit allotment.**

PPA will notify you of the final amount due before payment is processed.