



Professional Photographers' Society of New York State, Inc.

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APPLICATION FOR MEMBERSHIP

Please Print Legibly

NAME (First) _____ (Middle Initial) _____ (Last) _____

BUSINESS NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ CELL _____ FAX _____

E-MAIL _____ WEB SITE _____

PPSNYS SECTION: Please refer to the Section Dues Chart page on the PPSNYS website for further clarification

- BN (\$75) CC (\$70) CNY (\$70) FL (\$35) GNY (\$125) GR (\$85)
- HV (\$45) SNAPP (\$25) ST (\$85) W (\$85) Out-of-State

Are you a member of PPA? Yes No If yes, print ID number _____

Specialties: (Please check all that apply)

- Portrait Wedding Children Commercial Pets
- Industrial Sports Digital Video Other _____

Membership type: (Please refer to the Membership Categories page on the PPSNYS website for further clarification)

- ACTIVE ASSOCIATE OUT-OF-STATE

CODE OF ETHICS: I, the undersigned, do hereby attest that all statements made by me in this application are true and complete to the best of my knowledge. I agree to abide by the "Code of Ethics" of the Professional Photographers' Society of New York State, Inc. I further agree to abide by the rules and regulations of PPSNYS and any Section to which I am affiliated, both as an applicant and in the event of my acceptance into membership, and understand that failure to do so may result in my expulsion from membership.

I have read and hereby subscribe, without reservation, to the Professional Photographers' Society of New York State, Inc.'s Code of Ethics. (Please refer to the full Code of Ethics document on the PPSNYS website)

Date _____ Signature _____

PAYMENT INFORMATION:

Sponsor: _____ Sponsor: _____

PPSNYS Dues: \$0 (New member benefit! Total savings of \$190)

Section Dues: \$ _____

GRAND TOTAL: \$ _____

- Check Enclosed** Visa MasterCard American Express

I hereby request and authorize the Professional Photographers' Society of New York State, Inc. to charge the credit/debit card listed below for payment of my membership dues in PPSNYS.

NAME OF CARD HOLDER _____

CARD NUMBER _____

EXPIRATION DATE _____ SEC _____ SIGNATURE _____

*Please include billing address if different than mailing address.

**Please make checks payable to Professional Photographers' Society of New York State, Inc.