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STATE & SECTION MEMBERSHIP RENEWAL PLEASE PRINT LEGIBLY

FULL NAME (FIRST, MI, LAST)

BUSINESS PHONE

BUSINESS NAME

CELL

BUSINESS ADDRESS

EMAIL

CITY

STATE

ZIP

WEBSITE

PPSNYS DUES

PPSNYS Dues (\$165)

PPSNYS SECTION

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

BN (\$75) GNY (\$125) Northern (\$50)

CC (\$70) GR (\$50) SNAPP (\$25)

FL (\$35) HV (\$45) W (\$85)

Are you a member of PPA? Yes – ID# _____ No

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 the 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)

SIGNATURE

DATE

PAYMENT INFORMATION

Payment Type

Check Enclosed (Payable to PPSNYS)

Credit Card: Visa MasterCard American Express

Membership Dues

PPSNYS Dues: **\$165**

Section Dues: _____

Early Bird Discount: **-\$25.00** (pd by 12/15)

Grand Total

CARD NUMBER

EXPIRATION DATE

SECURITY CODE

NAME ON CARD

SIGNATURE