



# Professional Photographers' Society of New York State, Inc.

114 South Main Street, Canandaigua, NY 14424  
877-907-7769 toll free 518-434-9500 ph  
headquarters@ppsnys.com www.ppsnys.com

## APPLICATION FOR MEMBERSHIP PLEASE PRINT LEGIBLY

\_\_\_\_\_  
FULL NAME (FIRST MI LAST)

\_\_\_\_\_  
BUSINESS NAME

\_\_\_\_\_  
BUSINESS ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
BUSINESS PHONE

\_\_\_\_\_  
BUSINESS FAX

\_\_\_\_\_  
CELL

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
WEBSITE

### PPSNYS SECTION

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

- |                                     |                                      |  |                                       |
|-------------------------------------|--------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> BN (\$75)  | <input type="checkbox"/> FL (\$35)   | <input type="checkbox"/> HV (\$45)       | <input type="checkbox"/> W (\$85)     |
| <input type="checkbox"/> CC (\$70)  | <input type="checkbox"/> GNY (\$125) | <input type="checkbox"/> SNAPP (\$25)    | <input type="checkbox"/> Out-of-State |
| <input type="checkbox"/> CNY (\$70) | <input type="checkbox"/> GR (\$85)   | <input type="checkbox"/> Northern (\$50) |                                       |

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

Specialties (Please check all that apply)

- |                                   |                                     |                                  |                                      |
|-----------------------------------|-------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Portrait | <input type="checkbox"/> Commercial | <input type="checkbox"/> Sports  | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Wedding  | <input type="checkbox"/> Pets       | <input type="checkbox"/> Digital |                                      |
| <input type="checkbox"/> Children | <input type="checkbox"/> Industrial | <input type="checkbox"/> Video   |                                      |

### Membership Type

Please refer to the Membership Categories page on the PPSNYS website for further clarification.

- ACTIVE  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)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### PAYMENT INFORMATION

\_\_\_\_\_  
SPONSOR

\_\_\_\_\_  
SPONSOR

### Membership Dues

PPSNYS Dues: \$50

Section Dues: \$ \_\_\_\_\_

Grand Total: \$

**NEW MEMBER BENEFIT!**  
**Total Savings of \$115**

### Payment Type

- Check Enclosed (Payable to PPSNYS)
- Credit Card:  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.

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
SECURITY CODE

\_\_\_\_\_  
NAME ON CARD

\_\_\_\_\_  
BILLING ADDRESS (IF DIFFERENT THAN ABOVE)

\_\_\_\_\_  
CARDHOLDER'S SIGNATURE