



APPLICATION FOR MEMBERSHIP – PLEASE PRINT CLEARLY

_____	_____	_____
Last Name	First Name	[Middle Initial]
_____	_____	
Studio or Firm Name	Studio Address	
_____	_____	_____
City	State	Zip
_____	_____	
Contact Phone	e-mail address	

Studio website address if applicable: _____

What membership category are you applying for? _____

Primary Image-making Specialty: (i.e. weddings, sports, portraits) _____

Years of experience in specialty _____

Indicate membership in other photographic associations _____

Are you a member of PPA ? _____ If yes, what is your PPA number: _____

List any national photographic degrees earned: _____

Do you work outside of the photography profession? _____ If yes, in what way? _____

Code of Ethics Agreement

By signing this statement I subscribe without reservation to the following Code of Ethics:

1. To maintain a dignity of manner in my behavior, in the presentation of my services, in all forms of public contact including my appearance and that of my studio or place of business
2. To observe the highest standard of honesty and fairness in all transactions, avoiding the use of false, confusing, inaccurate or misleading terms
3. To subscribe to the Federal Trade Commission rules of Fair Competitive Practices for the professional photography industry
4. To endeavor to produce images of a quality equal or superior to the samples I display, to provide the best possible photographic services and to raise the general standard of photographic craftsmanship
5. To assist and cooperate with fellow professional photographers by sharing knowledge or aiding in any difficulties.
6. To encourage and expect other VPPA members to uphold the highest standards of the profession
7. To recognize the authority of this Association in all matters relating to the interpretation of this Code

I understand that failure to comply with the VPPA Code of Ethics may result in sanctions or revocation of membership. I agree to hold blameless the Association and its Board of Directors in any decision made on behalf of the Association.

Dues Payment Agreement (please initial one option)

Dues Amount: _____

_____ I elect to pay my dues in full with a check

_____ I elect to pay my dues in full with a credit card. (You will be contacted by our Executive Treasurer for CC information.)

_____ I elect to pay my dues in 12 monthly installments. (You will be contacted by our Executive Treasurer for CC information.)

Payment will be determined by dividing the annual dues by 12 and will include a 20% administrative fee

Initials page 1: _____

APPLICATION FOR MEMBERSHIP (PAGE TWO)

__ I agree to my information being listed on the Virginia PPA website. This applies only to Professional, Life, Retired and Honorary Memberships.

__ I agree to my email information being released to vendors who have an association with the Virginia PPA. Virginia PPA only shares email information with those vendors that directly support the Virginia PPA. This applies to all membership categories.

Affidavit for Applicant:

I certify that the information I have provided in this application is correct. I have read, understand and will comply with the VPPA Code of Conduct and with all applicable statutes of the Commonwealth of Virginia and my locality.

I understand that failure to comply with the VPPA Code of Conduct may result in sanctions or revocation of membership. I agree to hold blameless the Association and its Board of Directors in any decision made on behalf of the Association. I will comply with all state, local and community laws and codes pertaining to my business.

Applicant's Signature _____

BEFORE SUBMITTING THIS FORM, APPLICANT MUST HAVE SPONSORING SIGNATURES FROM 2 CURRENT MEMBERS IN GOOD STANDING.

Affidavit for Sponsors:

As a member in good standing of the VPPA (I have been a Professional, Retired or Life member for at least one year and my dues are current), I wish to sponsor this applicant. I sincerely believe that this applicant will benefit from membership in the Association.

Signature of Primary Sponsoring Member

Signature of Second Sponsor

Applicant, after filling in both sides of this form, please enclose your check for the full amount of dues made payable to the Virginia Professional Photographers' Association (VPPA) OR provide credit card information to the Executive Treasurer when requested.

COMPLETED FORMS SHOULD BE GIVEN TO YOUR DISTRICT GOVERNOR FOR REVIEW.

If you do not know the Governor in your area, please call 1-540-421-5101 for that information.

Dues are based on a fiscal year that runs from Jan.1-Dec. 31st. All applications will be examined by the Board of Directors. Applicants will be officially notified of their membership status.

Anyone applying at the Convention or at the Seminar must complete all of the requirements for admission within **30 days**.

FOR OFFICE USE ONLY

Dues and Fees Attached: _____ Date Received: _____ District: _____