

Austin Professional Photographers Association
Membership: Application Renewal

Membership Year: _____

Last Name: _____ **First Name:** _____

Business Name: _____

Mailing Address: _____

Website: _____

Email Address: _____

Business Phone: _____ **Cell Phone:** _____

Areas of Specialty: _____

As of 1/1/2009 it is no longer required that APPA Members be a member of PPA.

Member of PPA (Professional Photographers of America)?

Yes • **PPA#** _____ • **Year you joined PPA** _____
 No

Annual Dues:

_____ **\$75 Professional Membership** • **Sales Tax ID#** _____

_____ **\$45 Staff Membership** (Employee or Partner of Professional/Service Member)

_____ **\$35 Student Membership** (Current Student ID required)

_____ **\$75 Service/Vendor Membership**

Signature: _____ **Date:** _____

Please make check payable to Austin PPA

Mail to:
AUSTIN PPA
c/o SUE ELLEN PESL
PO BOX 29643
AUSTIN, TEXAS 78755