

GCPPA - Membership Application
Active () Associate () Aspiring ()

Studio or Firm Name: _____

Applicant's Name: _____

Business Address: _____ City: _____ Zip: _____

Business Phone: _____ In Business Since: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Website Address: _____

I am: Owner () Partner () Manager () Employee () Other () _____
Percentage of Income earned from photography ____%. Professional for ____ Yrs.
Classification from which the major portion of income is derived:
Portrait () Wedding () Commercial () Other - Specify () _____
I am a member of: PPofA () PPMA () SEPPA () Other - Specify () _____
License Numbers Required: City Tax Permit# _____ State Tax # _____
E-mail address _____

It is understood that all information submitted on this application is true in all respects. It is further understood that the Board of Directors has the power to reject any application for membership, without prejudice or liability, if any information contained hereon is found to be misrepresented or in error. I have read the Code of Ethics on page two of this application and do hereby endorse.

Respectfully Submitted on this day of: _____ 20 ____

Signature of Applicant: _____

Sponsor Signatures: Active Member: _____

Board Member: _____

FOR OFFICIAL USE ONLY

I HAVE READ THIS APPLICATION AND RECEIVED CHECK FOR DUES. IT IS APPROPRIATELY FILLED OUT AND HAS NECESSARY SIGNATURES.

BOARD MEMBER SIGNATURE: _____

Board of Directors Action: Approved () Disapproved () Date: _____

COMMENTS: _____