PROFESSIONAL PHOTOGRAPHERS' ASSOCIATION OF NEW JERSEY

Application for Membership

Name _____ Spouse's Name _____
(Please type or print name as it will appear on certificate)

Studio or Firm Name _____ Type of Studio ☐ Location ☐ Home

Business Address _____ Bus. Tel. (_____) _____

City _____ State _____ Zip _____ County _____

Email _____ Web site _____

Home Address _____ Home Tel. (_____) _____

PPA Member? ☐Yes (PPA # _____) ☐No Have you been a member of PPANJ before? ☐Yes ☐No

Type of Business: ☐Corporation (including LLC) ☐Partnership (including LLP) ☐Sole Owner (including freelance)

Region Choice: ☐Central ☐Northern ☐South Recommended to join by _____

How long have you been in photography _____yrs _____mths How long at your present address _____yrs _____mths

Education, Degrees, Certifications, etc._____

Brief Summary of Business _____

_____

Category (check those that apply): ☐**W**edding and Social Functions ☐Portraiture ☐Commercial ☐Legal ☐School/Sports) ☐Restoration ☐Trade

CHECK ONE MEMBERSHIP CLASSIFICATION FOR PHOTOGRAPHER:

☐ Individual Active ……$200.00
For an individual working as photographer on a full time, part time, or contract base.

☐ Studio/Firm ……$300.00
For two individuals working for the same photographic establishment on a full or part time basis and those who are a business partner or spouse. Additional members can be added for an annual fee of $100 ea. *Employees hire for contract work and filed on a 1099 do not apply.*
Individuals joining in addition to the above listed:

Name:_____ _____
Education, Degrees, Certifications, etc

Name:_____ _____
Additional $100 Education, Degrees, Certifications, etc

Name:_____ _____
Additional $100 Education, Degrees, Certifications, etc

Name:_____ _____
Additional $100 Education, Degrees, Certifications, etc

☐ Student ……..$ 75.00
For individual currently enrolled full time in a degree program at an accredited college, university, or art institute. Must include a copy of class registration, current student ID, or other proof a enrollment.

☐ Trade ……..$240.00
For one individual (preferably the owner or salesman) from a business catering to the photographic industry.

I certify that the above information is true and accurate to the best of my knowledge. I hereby agree to abide by the code of Ethics and the Constitution of the Professional Photographers' Association of New Jersey. I certify that I will comply with all Labor and Tax laws in the state(s) I operate in. It is my understanding that any false statements or unethical practices could lead to grounds for expulsion from this association.

Signature _____

PAYMENT: ☐VISA ☐MASTERCARD ☐CHECK (please make check payable to P.P.A. of N.J.)

Acct No. |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Exp. Date |___|___|___|___|___|___| Code on back Exp. Date |___|___|___|___|

Mail Membership Application and payment to:
Professional Photographers' Association of New Jersey
5 Quail Mews, North Brunswick, NJ 08902

DO NOT USE THIS SECTION
Date Rec'd _____

Region Approval on _____

Comments, if any_____

Certificate sent on_____

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