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APPLICATION FOR MEMBERSHIP PLEASE PRINT LEGIBLY

_____ FULL NAME (FIRST, MI, LAST)

_____ BUSINESS PHONE

_____ BUSINESS NAME

_____ CELL

_____ BUSINESS ADDRESS

_____ EMAIL

_____ CITY STATE ZIP

_____ WEBSITE

PPSNYS SECTION

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

- BN (\$75) GNY (\$125) Northern (\$50)
- CC (\$70) GR (\$50) SNAPP (\$25)
- FL (\$35) HV (\$45) W (\$85)

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

Specialties (Please check all that apply)

- Portrait Commercial Sports Other _____
- Wedding Pets Digital
- Children Industrial Video

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 the 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

Payment Type

Check Enclosed (Payable to PPSNYS)

Credit Card: Visa MasterCard American Express

Membership Dues
PPSNYS Dues: \$75 **New Member Benefit**
Total Savings of \$90

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.

Section Dues: _____

Grand Total:

_____ CARD NUMBER

_____ EXPIRATION DATE SECURITY CODE

_____ NAME ON CARD SIGNATURE