



2018 Membership Application

Please select membership level – add associate names if applicable, add SALES Tax ID and your SMNPPA Website User Name. If missing & any other missing or incorrect info. Date and sign. ***New members use blank form***

Name: _____

Studio Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Work: _____ Cell Phone: _____ Home Phone: _____

Email: _____ Website: _____

Sales Tax ID Number Required _____ PPA ID#: _____

2018 Membership Level (Please check all that apply):

ACTIVE | \$110/year: An ACTIVE membership includes the primary applicant who is a photographer in the state of Minnesota or surrounding states. Early bird Special \$90 (thru December 31, 2017).

ACTIVE PLUS | \$135/year: An ACTIVE PLUS membership includes the primary applicant who is a photographer in the state of Minnesota or surrounding states. The ACTIVE PLUS membership also allows up to (3) Three associate members and may include photographic technicians, assistants, secretaries, etc. List Associates Below.

1st _____ 2nd _____ 3rd _____

Additional Associates | \$10.00 Per Additional Associate: If you have more than 3 Associate Members, you need to have an ACTIVE PLUS membership and \$10.00 for each associate over 3. List Additional Associates Below.

4th _____ 5th _____ 6th _____

VENDOR | \$110/year: VENDOR membership is for businesses relevant to the photographic profession such as labs, suppliers, etc. This is an opportunity to develop relationships with potential clients.

LIFETIME | \$25/year: A LIFETIME membership may be awarded to an individual who is retired from the photographic profession and meets all of the following minimum requirements: has been a member of the Association for 15 consecutive years, is at least 55 years of age and is approved for lifetime membership by the Board of Directors.

BUDDY PASS | Two ACTIVE memberships available for SMNPPA members who bring in a brand new member (Cannot have been a member within last 5 years). \$80 each. (through January meeting).

Who is your buddy? Name: _____

I do hereby make application for membership to the Southern Minnesota Professional Photographers Association and enclose my payment for annual dues, paid through December 31 of this calendar year. My signature below indicates that, if accepted, I agree to support its Bylaws. In every manner, I will promote the welfare of professional photography and agree to help my fellow members. I agree to be responsible for my associate members at all times. In the event of cancellation or lapse of membership I agree to discontinue immediately the use of the Association's name and any identification (logo) to the Association. Members who have had their membership revoked or terminated may appeal to the Board of Directors and reapply for membership at the beginning of the next calendar year. Membership may or may not be accepted at the discretion of the Board of Directors.

Signature: _____ Date: _____

Please make check payable to: SMNPPA

Mail to: SMNPPA c/o: Heidi Wisniewski
77 Forest Oaks Court
Winona, MN 55987

Office Use Only

Date Rec'd _____ Amt Pd _____

Check # _____ Cash _____ PayPal _____