



# TENNESSEE PROFESSIONAL PHOTOGRAPHERS ASSOCIATION, INC.

www.tnppa.com



## APPLICATION FOR MEMBERSHIP

### YEARLY DUES

- Active \$200     Aspiring \$150.00     Associate \$50
- Senior Active \$25     Sustaining \$100     Out-of-State \$50
- Application Fee \$25.00

I do hereby apply for membership (check one) as described.

If you have not been a member before or have not paid dues for one or more years, you will be required to obtain the endorsements of one Active Member in good standing of the Tennessee Professional Photographers Association and submit copies of licenses, etc., as listed below. An Out-of-State membership applicant may substitute proof of membership in the applicant's home state Professional Photographers Association. (Sustaining Members shall not be required to submit copies of licenses, etc. nor a person heading a department of commercial photography for a corporation or if an applicant is individually engaged in the practice of photography separate and apart from the employer's photographic business.)

Name of Applicant \_\_\_\_\_

Business Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

P.P.A. # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Web Address \_\_\_\_\_ Home/Cell Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

This being a professional photogaphers association, I agree to have and submit proof of any licenses or permits a professional photographer operating in my area might be required by law to have, along with this application.

PLEASE ENCLOSE PHOTOSTATIC COPIES OF THE FOLLOWING:

- A. Copy of Sales Tax Return
- B. Copy of Business License

I certify that I have read, understand, and will abide by the Code of Ethics adopted by the Association. I also agree to abide by the current by-laws of the T.P.P.A.

I enclose \$ \_\_\_\_\_ as payment of dues for this dues year. I understand that this application will be voted upon by the Board of Directors at their next regularly scheduled meeting, and when approved by the Board, then voted upon by the membership at the next regular annual convention, and will not become effective until that time. However, the payment of my dues at this time will accord me full membership privileges until that time, with the exception of voting and office-holding privileges.

Respectively, I submit this application and agree to abide by its rules and obligations, and also understand that the one year's dues paid at the time of application is not refundable.

THE APPLICATION FOR ACTIVE OR ASSOCIATE MEMBERSHIP SHALL BE ENDORSED BY ONE (1) ACTIVE MEMBER OF THE ASSOCIATION AND SUCH ENDORSEMENT SHALL CONSTITUTE THE RECOMMENDATION FOR MEMBERSHIP.

Name \_\_\_\_\_ (Active Member Endorsee)

**Larry Ralston, Membership Chairman**  
(615) 631-2982

Make your check payable to:  
TENNESSEE PROFESSIONAL PHOTOGRAPHERS ASSOCIATION (T.P.P.A.)  
and mail with this application to:

**Dwight Jewell, Executive Director**  
3220 Highway 25 West  
Hartsville, TN 37074-0321  
(615) 509-5737