

IPPG MEMBERSHIP APPLICATION
Please mail to: Indianapolis Professional Photographers Guild
PO Box 55052 Indianapolis, IN 46205

Name: _____

Degrees (Master, Craftsman, CPP, etc): _____

Studio/Business Name: _____

Business Address (or home): _____

City: _____ State: _____ Zip: _____

Business Phone: () _____ Home Phone: () _____

Email Address: _____ Website: _____

Birthday: _____ Spouse or Significant Other Name: _____

Educational Background: _____

PPA Member (circle one) Yes NO PPA# _____

Other Organizations: _____

Photographic categories you are available for: _____

Years Experience: _____ Percentage of time spent in photography: _____

Percentage other occupation: _____ Main occupation: _____

State Sales Tax Number: _____ Have you ever filed for bankruptcy?: _____

Account References

1. _____ 2. _____

Type of membership category applied for?: _____

Sponsors 1. _____ 2. _____ 3. _____

I hereby apply for membership in The Indianapolis Professional Photographers Guild (IPPG). Enclosed is the membership dues plus a \$5.00 initiation fee which will be returned in the event I am not approved. If admitted, I promise to abide by and comply with the IPPG code of ethics which I have studied and understand. I promise to maintain my membership under the rules and guidelines stated in the IPPG constitution. I agree that any and all documented unethical activity will prompt immediate action by the IPPG board and will cooperate fully with any investigation or resign my membership. I understand that IPPG sets a standard for the profession of photography realizing the importance of joint efforts within the membership to continue fellowship, moral ethics, high standards, and fair business practices.

Signed _____ Date _____

Date Received _____ Date approved/rejected _____ Approved (Yes/No) Hold _____

Check # _____ Cash _____ Amount _____ In Database _____

Membership dues are good through calendar year