

# Boston Press Photographers Association Inc.



THE OLDEST NEWS PHOTOGRAPHERS ASSOCIATION IN THE UNITED STATES – BOX 51477 BOSTON, MA 02205

APPLICATION FOR MEMBERSHIP (PLEASE PRINT OR TYPE)

DATE \_\_\_\_\_

eMail \_\_\_\_\_

NAME \_\_\_\_\_

D.O.B. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

**DESCRIBE FULLY YOUR PROFESSIONAL ACTIVITY.** (If not a full-time employee or if working for more than one employer, show hours spent weekly for each activity and every employer. Also list previous employment with dates.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL REFERENCES** (other than employer or BPPA members)

NAME \_\_\_\_\_ AFFILIATION \_\_\_\_\_

NAME \_\_\_\_\_ AFFILIATION \_\_\_\_\_

**APPLICATION MUST BE SPONSORED BY TWO BPPA MEMBERS IN GOOD STANDING**

NAME \_\_\_\_\_ MEMBER'S SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_ MEMBER'S SIGNATURE \_\_\_\_\_

IS THIS AN APPLICATION FOR REINSTATEMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

APPLICANT'S SIGNATURE \_\_\_\_\_

**A CHECK FOR \$60.00 PAYABLE TO BPPA MUST ACCOMPANY THIS APPLICATION**

CHECK RECEIVED \_\_\_\_\_ 1st READING \_\_\_\_\_ 2nd READING \_\_\_\_\_

MEMBERSHIP COMMITTEE \_\_\_\_\_

BOARD OF DIRECTORS \_\_\_\_\_

RECOMMENDED \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ ASSOCIATE \_\_\_\_\_