

# 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 \_\_\_\_\_

PLEASE CHOOSE THE TYPE OF MEMBERSHIP FOR WHICH YOU ARE APPLYING. For a description of membership types, please read the BPPA ByLaws found online at [www.bppa.net/downloads](http://www.bppa.net/downloads)

- \_\_\_\_\_ Full Membership
- \_\_\_\_\_ Honorary Membership
- \_\_\_\_\_ Student Membership
- \_\_\_\_\_ Life Membership

PROFESSIONAL REFERENCES (For full and student membership only. Students need only one professor for reference. Full membership applicants should include a reference with whom they have worked.)

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

CONTACT INFORMATION \_\_\_\_\_

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

CONTACT INFORMATION - \_\_\_\_\_

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 \_\_\_\_\_

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

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

RECOMMENDED \_\_\_\_\_

YES \_\_\_\_\_

NO \_\_\_\_\_

ASSOCIATE \_\_\_\_\_