



American Society of Picture Professionals

Application for Membership

2008-9 National Board of Officers

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DC/South Chapter Co-Presidents

Beth Partain

Maura Walsh

First name:	
Last name:	
Company:	
Address:	
City, State, Zip:	
Country:	
Phone:	
Fax:	
E-Mail:	
Web Site:	
Chapter:	<input type="checkbox"/> New England (Boston) <input type="checkbox"/> Midwest (Chicago) <input type="checkbox"/> West (Seattle, L.A.) <input type="checkbox"/> New York <input type="checkbox"/> DC/South (Washington/Atlanta) <input type="checkbox"/> Foreign
Description: (40 words or less: e.g. job title, specialty)	

Please check the categories (not more than 4) which describe your position as a picture professional:

- | | | | |
|---------------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Researcher | <input type="checkbox"/> Historian | <input type="checkbox"/> Consultant | <input type="checkbox"/> Writer |
| <input type="checkbox"/> Editor | <input type="checkbox"/> Librarian | <input type="checkbox"/> Lab/Service | <input type="checkbox"/> Internet/Web |
| <input type="checkbox"/> Buyer | <input type="checkbox"/> Designer | <input type="checkbox"/> TV/Video | <input type="checkbox"/> Publisher |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Agent | <input type="checkbox"/> Multimedia | <input type="checkbox"/> Other: |

- Enclose a resume to verify four years experience in the picture field, **OR**
- Supply a link to your professional website, **OR**
- Receive recommendation by the following sponsor who is an ASPP member in good standing.

Name: _____

Membership Options: full descriptions are available at http://aspp.com		Amount
Annual Membership Fee (for 12 month period) <input type="checkbox"/> U.S. Regular \$125.00 <input type="checkbox"/> U.S. Senior (65 or older) \$95.00 <input type="checkbox"/> Foreign Regular \$135.00 <input type="checkbox"/> Foreign Senior \$105.00 NOTE: A group discount of 20% is available for 5 or more employees at the same company		
Friend of ASPP or Sponsor An additional voluntary contribution to further the programs of ASPP. Call or email for more information about benefits. <input type="checkbox"/> \$250.00 <input type="checkbox"/> \$500.00 <input type="checkbox"/> Other: _____	Student Membership Must show proof of current student enrollment in an accredited photography program <input type="checkbox"/> Annual dues 2007 \$25.00 Plus a minimum of 10 hours to 25 hours maximum volunteer internship with a regional chapter, ASPP Education Committee, or ASPP member.	
Optional Annual Link Fee from ASPP Website – www.aspp.com: Individual Site \$25.00 Company Site \$50.00 <input type="checkbox"/> URL: _____ <input type="checkbox"/> Company name: _____ Category (check one) <input type="checkbox"/> Photographer <input type="checkbox"/> Agency/Collection <input type="checkbox"/> Other Picture Professional Keywords for <u>website only</u> (6 - 10 words):		
Total payment		

Please complete and either fax (703.299.9910) or mail this form to:

American Society of Picture Professionals, Inc
 117 S. Saint Asaph St, Alexandria, VA 22314

I enclose my check made payable to ASPP, Inc.

Please charge to my credit card as below

Visa MasterCard American Express

Name on Card _____ Security Code _____

Card Number _____ Expiration Date _____

Address of Cardholder _____

For more information, call Cathy D-P Sachs, Executive Director:
 email: cathy@aspp.com Phone: 703.299.0219 Fax: 703.299.9910

Do you need a receipt? Yes/No