



Membership Application

Membership subject to approval by CIPPA Board.

- ☐ **\$195 Active** – Active members may derive some, or all their income from Photography or its related fields.
- ☐ **\$155 Associate** – An Associate member shall be an employee who is directly engaged full time in the making, producing or selling of professional photography, and instructors of photography.
- ☐ **\$145 Student** – Individuals enrolled full time in a state accredited school of photography.
- ☐ **\$250 Sustaining** – Companies offering service, supplies or equipment to the photographic industry. Includes side frame logo linking to half page ad.
- ☐ **\$195 Service** – Individuals offering services to professional photographers such as, but not limited to, colorists, retouchers, consultants, etc.
- ☐ **N/C Honorary** – Individuals elected by a two-thirds vote of the entire Board of Directors for outstanding service to professional photography.

INTERNAL USE ONLY

Application Date _____

Amount Paid _____

Applicant Name: _____ Date: _____

Business Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Bus. Phone: (_____) _____ Home Phone: (_____) _____

Cell Phone: (_____) _____ Best Text # (_____) _____

E-mail: _____ Second Email _____

Website: _____

PPA Number (if applicable): _____ PPC Number (if applicable): _____

Other professional photographic association memberships : _____

Photographic degrees, awards or honors earned : _____

Your Main Area of Photography: _____

MEMBERSHIP INFORMATION AND AGREEMENT

My signature on this document attests that all statements made by me are true to the best of my knowledge and further attests I have read and agree, without reservation, to abide by the Mission and Code of Ethics of the Channel Islands Professional Photographers Association, Inc. I further understand that failure to do so may result in expulsion from the Association.

Signature : _____ Date _____



CHANNEL ISLANDS PROFESSIONAL
PHOTOGRAPHERS ASSOCIATION

MISSION STATEMENT

To enhance, support, and maintain the level of professionalism of the individual photographer as well as our association by education, inspiration, mentoring and sharing. It is also our mission to maintain and support the inherent and monetary value of professional photography and photographic services.

CODE OF ETHICS

I, as a requirement for admission to and retention of membership and participation in Channel Islands Professional Photographers Association, agree to strive at all times to upgrade and improve my knowledge and skill of professional photography, marketing and related areas.

In all my dealings with users of photography and the general public, I will:

1. Strive to present all photographic services in surroundings and in a manner which reflects the highest levels of professionalism.
2. Use the highest levels of honesty, professionalism and integrity.
3. Not use any marketing or competitive practice which violates any Federal Trade Commission, or other Federal or State regulatory agency rule or regulation, or Federal or State statute or any decision of any Federal or State Court; and
4. In all dealing with fellow professional photographers, students and others who aspire to be professional photographers, I shall share the knowledge and skill of professional photography.
5. Support efforts for and assist in the education of all interested persons in the general public in the art and science of professional photography.

My signature on this document attests that I have read and agree, without reservation, to abide by the Mission and Code of Ethics of the Channel Islands Professional Photographers Association, Inc. I further understand that failure to do so may result in expulsion from the Association.

Print Name: _____

Signature: _____ Date _____