

**Print out application, complete, and mail to: 225 E. 36TH ST, Suite 1P, New York NY 10016**



An Invitation to Join.....

*The New York Press Photographers Association*

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Home Address: \_\_\_\_\_  
(Number & Street)

\_\_\_\_\_  
(City/Town) (State) (Zip)

Telephone (Home): \_\_\_\_\_ Telephone (Mobile): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_  
(If self-employed write "self")(If Student what School)

Employers Address: \_\_\_\_\_  
(Number & Street)

\_\_\_\_\_  
(City/Town) (State) (Zip)

Telephone (Office): \_\_\_\_\_ Length of employment at your employer: \_\_\_\_\_

Job Description: \_\_\_\_\_

\*If self-employed, please list News Organizations that you work for and approximate number of days per month you work for each. Please attach the list to the application.

Total number of years you have worked in the New York City area: \_\_\_\_\_

I confirm that I live & work within a 75-mile radius of the intersection of 42nd Street and 5th Avenue in New York City:

\_\_\_\_\_ **Regular Member:** A Video or Still photojournalist, employed full time by a recognized news gathering organization or self-employed engaged in any of the stated occupations. Must reside in the New York City metro area and derive your main source of income from covering news in the New York City metro area.

\_\_\_\_\_ **Student Member:** A member who is currently enrolled in College Level Studies. Student members may participate in all functions of the Association except hold an elective office or vote in biannual elections.

\_\_\_\_\_ **Associate Member:** A member who does not meet Regular member status. Associate members may participate in all functions of the Association except hold an elective office or chair a committee, or compete in the annual photo contest.

Two members in good standing must sponsor each applicant for membership. Their names should be written below. Applicants for Regular Membership should include a photocopy of your working press card and two passport size photos. The completed application & a check for the first year's dues of **\$75.00 (\$35.00 for Student Members)** should be mailed to:

***New York Press Photographers Association, Inc.  
225 E. 36<sup>th</sup> Street, Suite 1P New York NY 10016***

Sponsor's Names: \_\_\_\_\_  
(Name) (Name)

I, the undersigned, apply for membership in the New York Press Photographers Association, Inc. I accept that I will be subject to the Constitution & Bylaws of the Association if the Board of Trustees & the General Membership approves me. I have read the NYPPA Code of Conduct and will abide by it as a member.

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)