



GUILD OF PROFESSIONAL PHOTOGRAPHERS
OF THE DELAWARE VALLEY, INC.

NEW MEMBERSHIP APPLICATION -Page 1 of 2

Personal Information

Name: _____ Studio Name: _____
Home Address: _____ Studio Address: _____
City/ Town: _____ City / Town: _____
State: _____ Zip: _____ State: _____ Zip: _____
Home Telephone: (____) _____ Studio Telephone: (____) _____
Business e-mail address: _____ @ _____
Business Website: WWW. _____

Background Qualifications

- Do you own a Studio? _____ YES _____ NO
- Do you derive 100% of your income from Photography? _____ YES _____ NO
If no, what Percentage? _____ %
- Please provide your State Sales Tax Number as a qualification of your "Professional Business Status": # _____ State: _____
- Are you a member of Professional Photographers of America? _____ YES _____ NO
- If yes, PPA Membership Number _____
- Are you a Member of a State or Other Organization? _____ YES _____ NO
- Please List Organization: _____
- Check the primary type(s) of Photography that you do: ___ Weddings ___ Portraits ___ Commercial
- How many years have you been in the business of Photography? : _____
- Where did you hear about the GUILD? _____

Please list two Trade References that we may call on:

Business Name: _____ Business Name: _____
Address: _____ Address: _____
State: _____ Zip: _____ State: _____ Zip: _____
Telephone: _____ Telephone: _____



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Please list two Personal References that we may call on:

Name: _____ Name: _____
 Address: _____ Address: _____
 State: _____ Zip: _____ State: _____ Zip: _____
 Telephone: _____ Telephone: _____

Membership Type

Check One:

- ACTIVE MEMBER**Full Time Studio Owner..... \$200.00 / Year
 FIRM MEMBERStudio Owner with up to 3 Employees..... \$300.00 / Year
 Please Print Employees Names:
 1. _____ 2. _____
 3. _____
- ASSOCIATE MEMBER** .Employee/ Part Owner of a Member Studio.....\$200.00 / Year
 ASSOCIATE MEMBER of a Non-MEMBER Studio
 Employee/Part Owner of a Non-Member Studios..... \$300.00 / Year
 PARTICIPATING MEMBERPart Time Photographer.....\$200.00 / Year
 STUDENT MEMBER ...Full Time Student with ID –See Requirements.....\$ 0.00 / Year
- ONE TIME INITIATION/ REGISTRATION FEE – REQUIRED.....\$25.00**
 TOTAL AMOUNT ENCLOSED WITH INITIATION FEE..... \$ _____

Make Checks Payable to: " GPPDV ”

Please accept my Application for Membership in the Guild of Professional Photographers of Delaware Valley, Inc. I promise that the information furnished on this application is true and correct. I understand a requirement for membership is that I familiarize myself and obey the Guild Constitution, By-Laws, and Code Of Ethics and to strive at all times to upgrade and improve my knowledge and skill of Professional Photography. I also understand that this application must be approved by the Guild Board of Directors:

Signed: _____ Date: ____ / ____ / ____

Please mail this application, with a check made payable to “ GPPDV ” for the correct amount, to:

GPPDV Treasurer
100 W. Broad Street
Burlington, NJ 08016-1410
609-386-0592

Allow 4 to 6 weeks for processing. Please note: Any information not filled out will result in the delay of your Application.