

# Membership Application ...Full membership and Country Associate

Name .....

Business Name .....

Address.....

.....Post code.....

Sole Trader..... Partner.....Director (please Tick )

Business Phone .....Fax.....Email .....

Mobile.....Internet WWW.....

How long have you worked as a professional Photographer.....

Previous Employment .....

.....

Type of premises do you work from ( home, Commercial ,other) .....

Percentage of income derived directly from professional Photography.....

Type of Photography you offer.....

Other photographic organizations you are a member of .....

Proposed by ..... seconded by .....

I understand that my application will be reviewed by the board of AAPP, along with publishing my name In the official Newsletter ( Portrait Papers), In addition the board reserves the right to arrange an inspection of your business premises.

If my application is accepted I agree to abide by all the rules and regulations along with conditions of membership

Cost of joining will depend on the state and when you join , eg if you joined half way through the year the cost would be half the annual fee, There are various categories that you can join, the secretary of the appropriate state will contact you . The Nationals Secretary phone number is 088276 7652.

Signed .....Date.....

Postal Address  
Box 125  
Edwardstown

Email  
Please send back to  
the National Secretary  
service@aapp.com.au