

**2009 Professional Photographers of Louisiana, Inc.  
Membership Renewal  
Mail or Fax your membership in TODAY**

**PPLA**  
829 North Preston Street  
Marksville, Louisiana 71351

**Phone: (318) 359-6633**  
**Fax: (318) 253-8661**

New Member       Membership Renewal       Sustaining Vendor Membership

**Member Name** \_\_\_\_\_ **PPA Member: Yes\_\_ No \_\_**

**Business Name** \_\_\_\_\_ **PPA Membership Number:**

**Address** \_\_\_\_\_ **#** \_\_\_\_\_

**City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Parish:** \_\_\_\_\_

**Phone Numbers: Work:** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Home:** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

\*\* Registration for the Southwest Convention and Texas Convention are FREE for any Louisiana member that joins/renews PPLA. *(This excludes Sustaining Vendor Membership)*

\*\* Membership Classifications – See Attached List For Details

\*\* SAVE \$25 by renewing your membership or joining PPLA by March 1, 2009

<u>Membership Classification</u>	<u>On or before March 1, 2009</u>	<u>After March 1, 2009</u>
_____ Active Membership	_____ \$125.00	_____ \$150.00
_____ Past Presidents/Honorary Membership	_____ \$ 20.00	_____ \$ 20.00
_____ Senior Membership	_____ \$ 20.00	_____ \$ 20.00
_____ Associate Membership	_____ \$ 75.00	_____ \$100.00
_____ 1 <sup>st</sup> Time Membership	_____ \$ 95.00	_____ \$ 95.00
_____ Sustaining Vendor Membership	_____ \$200.00	_____ \$250.00
_____ Non-Resident Membership	_____ \$ 55.00	_____ \$ 55.00
_____ Student Membership	_____ \$ 35.00	_____ \$ 35.00

**PPLA Members MUST provide the following** (students and senior memberships are exempt):

*Louisiana State Sales Tax Number:* \_\_\_\_\_

***You MUST provide a copy of either your State Sales Tax Certificate or a copy of your last state sales tax reporting form.***

**Make Checks Payable to Professional Photographers of LA, Inc. and mail to PPLA, 829 North Preston Street, Marksville, Louisiana 71351. Credit card payments can be faxed to 318-253-8661.**

**Please charge my credit card with my membership dues**

Circle One: Mastercard    Visa    American Express      **TOTAL AMOUNT DUE: \$** \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_