



**BUFFALO-NIAGARA
PROFESSIONAL PHOTOGRAPHERS' SOCIETY
OF NEW YORK STATE, INC.**



Greetings!

Thank you for your interest in joining the Buffalo-Niagara Professional Photographers' Society of New York State, Inc. Our section serves the greater Buffalo and Niagara Falls region and closer Ontario, Canada areas.

The membership application and dues information are enclosed. Please mail the completed application and your check made out to Buffalo-Niagara PPSNYS, Inc., to:
Janice Fundalinski, 453 Amherst St., Buffalo, NY 14207.

Your membership application will be processed at the first monthly board meeting after it is received and you will start receiving our newsletter and information regarding upcoming events.

Generally, our monthly meetings are held on the 3rd Tuesday evening of each month, usually at a local restaurant and sometimes at a local classroom or studio. Generally, a cash bar (restaurants only) begins at 6:00 pm, our print competition at 6:30 pm, followed by dinner at 7:00 pm, and the educational program generally starts around 8:00 pm.

We also have an annual family picnic and holiday party, and at the state level, an annual conference and a week-long educational workshop.

Please feel free to call me with any questions you may have (phone 716-875-5316 or e-mail to info@bnpp.org). Thank you once again for your interest and I look forward to welcoming you as a new member of our organization.

Janice Fundalinski
Membership Chair

**PROFESSIONAL PHOTOGRAPHERS' SOCIETY
OF NEW YORK STATE, INC.**



APPLICATION FOR MEMBERSHIP
Please Print Legibly

NAME (First) _____ (Middle Initial) _____ (Last) _____

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ CELL: _____ FAX _____

E-MAIL _____ WEB SITE _____

PPSNYS SECTION: BN CC CNY FL GNY GR HV SN ST W Out of State

Are you a member of PPA? Yes No If yes, print ID number _____

Specialties (please circle all that apply) Portrait Wedding Children Commercial Pets Industrial Sports
Digital Video Other _____

I, the undersigned, do hereby attest that all statements made by me in this application are true and complete to the best of my knowledge. I agree to abide by the "Code of Ethics" of the Professional Photographers' Society of New York State, Inc. I further agree to abide by the rules and regulations of PPSNYS and any Section to which I am affiliated, both as an applicant and in the event of my acceptance into membership, and understand that failure to do so may result in my expulsion from membership. (You must also sign the Code of Ethics printed below).

Date: _____ Signature of Applicant: _____

Sponsored by: 1) _____ 2) _____

Code of Ethics

By becoming a member of the Professional Photographers' Society of New York State, Inc., I do hereby subscribe without reservation to this Code of Ethics, and solemnly agree that:

- The practice of photography, both as a science and an art, is worthy of the very best thought and behavior of all who enter it as a vocation.
- Our fellow photographers name and reputation shall be as sacred to us as our own.
- No untrue or misleading statements shall be made in any way, in any form of business promotion.
- It shall be our duty to impart freely of our knowledge, individually and as an organization, so that the professional and his/her work may be raised to a higher standard.
- Professionally we shall strive to serve the public to the best of our ability.
- We shall abide by and observe all rules and laws pertaining to doing business in the photographic industry and shall be honest and forthright in customer relationships.

I have read and agree with the above "Code of Ethics".

Signature: _____

Date: _____

PAYMENT INFORMATION

PPSNYS Dues	\$165
Section Dues	75
Total	\$240

Check Enclosed Visa MasterCard American Express

Automatic Renewal. I hereby request and authorize the Professional Photographers' Society of New York State, Inc. to charge the credit/debit card listed below, in the frequency requested, for payment of my annual dues for membership in the PPSNYS. This agreement will remain in effect until the PPSNYS receives a written notice of cancellation of my membership from me or my financial institution. I understand that I am responsible for payment of my dues to PPSNYS should the account listed below become invalid during my payment schedule.

One Payment
 Four Consecutive Monthly Installments (only available w/Auto Renewal)

Name of Card Holder _____

Signature _____

Card # _____ / _____ / _____ / _____

Exp. Date _____ / _____