

Photo Imaging Education Association

Membership Application - \$35

October through September. Please print, then fax or mail this application to
PMA, 3000 Picture Place, Jackson, Michigan 49201
Telephone Number (517) 788-8100 ---- FAX (517) 788-8371

PIEA MEMBERSHIP

Membership for educators is US\$35 per year, and includes personal membership in PMA. Membership costs in other countries is:

Canada:	\$45 CDN	New Zealand:	\$60 NZ
Australia:	\$60 AUS	United Kingdom:	£25 UK
Other countries: equivalent	US \$40		

If one is already a member of a PMA section, one can add PIEA membership for \$15 US.

Prefix ___ First Name _____ M.I. _____
Last Name _____ Suffix _____
Institution/Company Name _____
Street Address _____ Box Number _____
City _____ State/Province _____ ZIP/Postal Code _____
Country Name _____
Work Telephone Number _____ Home Telephone Number _____
Facsimile Number _____ E-Mail _____

Check one principal business:

- | | |
|--|---|
| <input type="checkbox"/> 100 Elem/Jr High | <input type="checkbox"/> 101 High School |
| <input type="checkbox"/> 102 Vocational School | <input type="checkbox"/> 103 Junior/Community College |
| <input type="checkbox"/> 104 College/University | <input type="checkbox"/> 105 Workshop/Corporate |
| <input type="checkbox"/> 109 Non-Teaching but interested | |

It is hereby agreed to that if membership in the Photo Imaging Education Association (PIEA) is granted that the constitution and bylaws to be developed for the PIEA, as well as the constitution and bylaws of its parent organization, Photo Marketing Association International (PMA), will be adhered to. It is further agreed that for failure to abide by these guidelines the PIEA and/or PMA may cancel membership without incurring any liability whatsoever. In the event of cancelled or lapsed membership, it is agreed that use of the names, emblems and trademarks of both PIEA and PMA will be immediately discontinued. I certify that all the information on this application is correct.

Signature _____ Date _____

My check for \$35, as a new PIEA member, is attached (Payable to Photo Marketing Association International)

My check for \$15, as a current PMA member, is attached (Payable to Photo Marketing Association International) Please charge to:

MasterCard/Eurocard _____ VISA _____ American Express _____

Card Number _____

Expiration Date _____

Cardholder's Name (print) _____

Cardholder's Signature _____

Contributions or gifts to PIEA and PMA are not tax deductible as charitable contributions. However, they may be tax deductible as ordinary and necessary business expenses.

FOR OFFICE USE ONLY

ORG ID _____ BRANCH ID _____ CNT ID _____

CCD ID _____

MEMBERSHIP:

MEMBER YEAR _____ CLASSIFICATION _____

DATE & INIT. _____

DATE & INIT. _____ CODE # _____

FINANCIAL: CHECK _____ CREDIT CARD _____

DATE _____ AMOUNT _____

DATA PROCESSING:

DATE & INIT. _____

INTERNATIONAL: DATE & INIT. _____

You can forward any question to [PMA Membership Department](#) - e-mail direct