

AAPI 2870 Highway 20 W. Hampton, GA 30228

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Membership Application

APPLYING AS A: Studio \Box Vendor/Supplier \Box

Name:							
Mailing Address:							
City:	State:	Postal (Code:		Country:		
Contact Phone: Contact E-mail:							
☐ Yes! You may publish the above information in the annual membership directory							
INFORMATION FOR AAPI WEBSITE STUDIO LOCATOR / VENDOR LISTING Please list your studio/company physical location below. If you have more than one studio location, please attach additional sheet(s).							
Studio/Company Name:							
Physical Address:		Or if solely a mobile operation check here □					
City:	State:	Postal (Code:		Country:		
Studio/Company Phone:		Studio/Compan	ny Email:				
Studio/Company Website:							
Facebook Page/Address:							
New Studio/Vendor check here □ and provide expected opening date if known:							
AAPI WEBSITE MEMBER'S AREA LOG IN Username and Password must be alphanumeric and all lowercase							
Requested Username: Requested Password:							
		TELL US!					
How did you hear about AAPI?							
What benefits do you hope AAPI can	_						
Names of newspapers serving your	<u>area.</u>						
PAYMENT INFORMATION							
Studio Membership	\$339.00	Vendor/Sup	oplier Mem	bership		\$380.00	
☐ Check in U.S. dollars payable to	AAPI	charge my: □	VISA	☐ Master	Card \square	Discover	
card number:			exp. date	e: /	3-digit co	ode:	
billing street address:		billing zip code:					