

<b>Official Use Only</b>	Accepted By: _____	
Date: _____	Check Number: _____	Amount: _____

### How to apply for SCVPA membership:

You may sign up online through the SCVPA website ([www.scvphotographers.com](http://www.scvphotographers.com)) or by filling out this form.

1. Complete the application and sign the Code of Ethics.
2. Make your dues check payable to **SCVPA**.
3. Bring your signed application and check to the next Monthly Meeting, or mail the application and check to:

**SCV Photographers Association  
27600 Bouquet Cyn Rd, Suite 212  
Santa Clarita, CA 91350**

First-time Guests attend for free. On subsequent visits, a \$10 Guest Fee will be charged. The \$10 Guest fee will be applied toward your membership dues if you submit your application within 30 days of that meeting.

#### Membership Classification and Dues

**Regular (Adult 18 years or older) - \$75 per year** Any professional or amateur photographer.

**Family Membership - \$100 per year**

Two adults in a marriage or domestic partnership and their children under the age of 18 in the same residence.

**Student (under age 25) - \$20 per year**

Student members shall be any full-time student under the age of 25. Students under the age of 18 must have parental approval to become a member. Students under the age of 14 must be accompanied to any Association meetings or events by a parent or guardian.

### Application for SCVPA Membership

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

*If professional:*

Studio Name: \_\_\_\_\_

Studio Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Studio Phone : \_\_\_\_\_ Fax: \_\_\_\_\_

By signing below, I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless the SCVPA from any and all claims, demands, or causes of action, which are in any way connected with my participation in club activities or my attendance at club events.

Signature: \_\_\_\_\_

Parent Signature (if minor): \_\_\_\_\_

Parent Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

#### Check the Membership Category Below:

- Regular - \$75
- Family - \$100
- Student - \$20

## Code of Ethics

Having been accepted for membership in the Santa Clarita Valley Photographers Association, I do hereby subscribe, without reservation, to this *Code of Ethics*, and do agree that:

- (1) I will endeavor to advance the status of the photographic arts.
- (2) I will observe the highest standards of honesty in all my photography. I will not plagiarize the work of others.
- (3) I will endeavor to produce the type of photography that will enhance the prestige of the art, to apply my best efforts in behalf of the public, to play my part in raising the general standard of photographic craftsmanship.
- (4) I will show a friendly spirit of cooperation to my fellow photographers and assist them wherever possible should they be in trouble or difficulty.
- (5) If I am a professional photographer, I will avoid at all times the use of unfair business practices.
- (6) I will assist and give my knowledge to other photographers, and will encourage them individually and collectively so that the standards of photography may constantly be raised to higher standards.
- (7) In all matters relating to the interpretations of this Code. I will recognize the authority of the Santa Clarita Valley Photographers Association.



## Membership Information

### Application Form and Code of Ethics

*The Santa Clarita Valley Photographers Association is an organization dedicated to advancing the art and business of photography.*

*Our purpose is to create an environment amongst photographers that will inspire each of us and to help one another grow as business professionals and artists.*