

Photographic Society of America

Mail-in Application for New or Renewal Membership

Family Name OR Club Name	Given Name			
Club Representative (for clubs only)				
Address				
			C	
City State/Province				
Email Address				
Referred by	(PSA member who referred you to PSA)			
Are you a member of a PSA-member Camera Club or Council? If so, wh	ich one?			
Please mail this form (with payment) to PSA Headquarters, 706 N Broom Email to: membership@psa-photo.org Check Desired Membership	Option	s Below		
Digital Memberships (Adult or Youth): Includes online and mobile access to PSA Journ	nal (NO printed		1	
Membership Category		1 Year	2 Years	3 Years
Digital Membership - Adult Digital Membership - Youth: Under 18 Years		□ \$45 □ \$35	□ \$85 n/a	□ \$120
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Printed Journal Membership (Adult or Youth): Includes printed copy of PSA Journal by r	mail AND compl	imentary access	to online and mo	bile <i>PSA Journa</i>
Membership Category		1 Year	2 Years	3 Years
Adult Membership - USA, Canada, Mexico		□ \$65	\$125	□ \$180 □ \$005
Adult Membership - Outside USA, Canada, Mexico		□ \$100	\$195	\$285
Youth Membership: Under 18 Years – USA, Canada, Mexico		□ \$55 □ \$90	n/a	n/a
Youth Membership: Under 18 Years – Outside USA, Canada, Mexico		П ф90	n/a	n/a
Photo Club/Organization Membership: Includes the printed copy of PSA Journal only	/ by mail (NO o	nline or mobile <i>l</i>	PSA Journal acce	ss)
This membership category is NOT for individuals! Please choose REGULAR or DIGITAL if you are an ind	dividual!			
Membership Category		1 Year	2 Years	3 Years
Photo Club/Organization - USA, Canada, Mexico		□ \$45	□ \$85	□ \$120
Photo Club/Organization - Outside USA, Canada, Mexico		□ \$55	□ \$105	□ \$150
We accept US bank drafted check, US money order, Visa, MasterCard or Discove Make checks payable to PSA. Check MUST be in US dollars written on a US Ussa MasterCard Discover Number:		Reasons for Joining PSA (check all that apply) ☐ Access a photographic mentor ☐ Gain photographic distinctions ☐ Network with other photographers ☐ Participate in online educational programs		
Expiration Date: Security Code: (Fig. 1)	Required)	☐ Participate in study groups		
Signature of Card Holder:		☐ Obtain discounts on photographic services ar products		
Date:		☐ Share my photographic knowledge with other		
DATA PROTECTION: By filing this membership application, you are explicitly consenting to the personal have supplied, including email addresses, being held, processed and used by the Photographic Society or purposes associated with your membership. You also explicitly consent to such information being share. SA organizers of programs and activities that you may enjoy. Your personal information will not be share the ability to update or remove your information by contacting PSA in the programs and activities that you may enjoy.	of America (PSA) ared with the red with any	How did you learn about PSA? ☐ Facebook Ad ☐ Searched Online ☐ Camera Club Representative ☐ Facebook Member Group ☐ Facebook Competition Group ☐ Word of Mouth ☐ Other		