



AAPI  
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# MEMBERSHIP APPLICATION

APPLYING AS A: STUDIO  VENDOR/SUPPLIER

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/COMPANY EMAIL: \_\_\_\_\_

STUDIO/COMPANY WEBSITE: \_\_\_\_\_

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 PROVIDE? \_\_\_\_\_

NAMES OF NEWSPAPERS SERVING YOUR AREA: \_\_\_\_\_

## PAYMENT INFORMATION

STUDIO MEMBERSHIP.....\$199 VENDOR/SUPPLIER MEMBERSHIP..... \$250

CHECK IN U.S. DOLLARS PAYABLE TO AAPI CHARGE MY  VISA  MASTERCARD  DISCOVER

CARD NUMBER: \_\_\_\_\_ EXP. DATE: / \_\_\_\_\_ 3-DIGIT CODE: \_\_\_\_\_

BILLING STREET ADDRESS: \_\_\_\_\_ BILLING ZIP CODE: \_\_\_\_\_

AAPI dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense.  
 Membership is payable annually.