

Young Photographers Alliance

Please select a membership level and/or enter a donation amount:

Individual membership levels

- Member @ \$50/year
- Friend @ \$125/year
- Associate @ \$250/year

Corporate or individual membership levels

- Advocate @ \$500/year
- Mentor @ \$1,000/year
- Benefactor @ \$2,500/year
- Sustaining Benefactor @ \$5,000/year

Donation

- I would like to make a donation of:
- US\$ _____ (minimum \$20)

Summary of membership benefits	
Member	<ul style="list-style-type: none"> • Listing on YPA website • Priority notification for all YPA special events and opportunities
Friend	<ul style="list-style-type: none"> • Credited at YPA Scholarship Awards event • Listing on YPA website • Priority notification for all YPA special events and opportunities
Associate	<ul style="list-style-type: none"> • Credited in YPA brochure • Credited at YPA Scholarship Awards event • Prominent listing on YPA website • Priority notification for all YPA special events and opportunities
Advocate	<ul style="list-style-type: none"> • Credited with logo in YPA brochure and Visual Connections New York show guide • Credited at YPA Scholarship Awards event • Prominent listing with logo and link on YPA website • Priority notification for all YPA special events and opportunities
Mentor	<ul style="list-style-type: none"> • <i>Advocate</i> benefits plus: • Two complimentary VIP tickets to Scholarship Awards Ceremony and Benefit Auction • Inclusion in Founders Circle of Major Donors, with access to special programming and events
Benefactor	<ul style="list-style-type: none"> • <i>Mentor</i> benefits plus: • Your name associated with a YPA scholarship or other YPA program • Mention in all publicity relating to that scholarship or program
Sustaining Benefactor	<ul style="list-style-type: none"> • Fully personalized sponsorship program

Please print your details clearly:

Name:	Address:
Organization (if applicable):	
Phone:	City/Town:
Email:	Zip/Postcode:
<input type="checkbox"/> I do not wish to be added to your e-mailing list <input type="checkbox"/> I do not wish to be added to your postal mailing list <input type="checkbox"/> I would like my donation to remain anonymous	State/County:
	Country:

I am enclosing a **check/money order** made out to *Young Photographers Alliance*

I wish to pay by **Visa / Mastercard / American Express** (please circle as applicable):

Card Number: _____

Expires: ____ / ____ Security number: ____ (on signature strip or front of AmEx card)

Name on card: _____ Signature: _____

Please fax this form to +1 585 768 2941 or mail to **Deborah Free, YPA, 9965 Leroy Pavilion Road, Pavilion, New York, NY 14525, USA**

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 Young Photographers Alliance is a 501 (c) (3) educational organization. Your gift is tax deductible to the full extent provided by law.