

# Mid-States Imaging & Photographic Association Application Form

Yearly membership in MIPA is **\$40.00**. (**\$20.00** for Students and Retirees).  
You will receive our Newsletter which will inform you of upcoming events.  
If you would like to join MIPA please fill in the form below.

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

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

Title: \_\_\_\_\_

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

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

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

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ext.: \_\_\_\_\_

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

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

email: \_\_\_\_\_

FAX: \_\_\_\_\_

Send Mail To:  Company  Home  Other: \_\_\_\_\_

Give a brief description of your present work: \_\_\_\_\_

\_\_\_\_\_

In what field of imaging or photography are you specifically trained & experienced?

\_\_\_\_\_

Type of Membership:  Active  Associate  Student  Retired

Birth Month: \_\_\_\_\_

Please print this form. Then Fill Out & Mail to: Midstates Imaging & Photographic Association  
P.O. Box 327  
Park Ridge, IL 60068

Please include your check with appropriate amount for annual dues along with this application.