



Photographic Society of America

Mail-in Application for New or Renewal Membership

CHOOSE MEMBERSHIP TYPE: New Membership _____ Renewal _____ (Membership ID: _____)

Family Name OR Club Name _____ Given Name _____

Club Representative (for clubs only) _____ Club Website: _____

Address _____

City _____ State/Province _____ Postal Code _____ Country _____

Email Address _____ Telephone _____ Birth Date _____

Referred by: _____ (PSA member who referred you to PSA)

Are you a member of a PSA-member Camera Club or Council? If so, which one? _____

Check Desired Membership Options Below

Standard Membership - (Adult or Youth): Includes printed copy of PSA Journal by mail AND complimentary access to online and mobile PSA Journal

Membership Category	1 Year	2 Years	3 Years
Adult Membership - USA, Canada, Mexico	<input type="checkbox"/> \$60	<input type="checkbox"/> \$115	<input type="checkbox"/> \$165
Adult Membership - Outside USA, Canada, Mexico	<input type="checkbox"/> \$100	<input type="checkbox"/> \$195	<input type="checkbox"/> \$285
Youth Membership: Under 18 Years – USA, Canada, Mexico	<input type="checkbox"/> \$50	n/a	n/a
Youth Membership: Under 18 Years – Outside USA, Canada, Mexico	<input type="checkbox"/> \$90	n/a	n/a

Photo Club/Organization Membership: Includes the printed copy of PSA Journal only by mail (NO online or mobile PSA Journal access)

Membership Category	1 Year	2 Years	3 Years
Photo Club/Organization - USA, Canada, Mexico	<input type="checkbox"/> \$45	<input type="checkbox"/> \$85	<input type="checkbox"/> \$120
Photo Club/Organization - Outside USA, Canada, Mexico	<input type="checkbox"/> \$55	<input type="checkbox"/> \$105	<input type="checkbox"/> \$150

Digital Memberships - (Adult or Youth): Includes online and mobile access to PSA Journal (NO printed Journal by mail)

Membership Category	1 Year	2 Years	3 Years
Digital Membership - Adult	<input type="checkbox"/> \$45	<input type="checkbox"/> \$85	<input type="checkbox"/> \$120
Digital Membership - Youth: Under 18 Years	<input type="checkbox"/> \$35	n/a	n/a

We accept US bank drafted check, US money order, Visa MasterCard or Discover payments.

Make checks payable to PSA. Check **MUST** be in US dollars written on a US bank draft.

Visa MasterCard Discover

Number: _____ - _____ - _____ - _____ Expiration Date: _____ / _____ Security Code: _____ (Required)

Signature of Card Holder: _____ Date: _____

Please mail this form (with payment) to:

PSA Headquarters
8241 S Walker Avenue, #104
Oklahoma City, OK 73139
Attn: Membership