

Photo Travel Study Group Enrollment Form

Submit this completed form to: PTD Director at "ptd-study-groups-director@psa-photo.org".

First Name:

Last Name:

Street Address:

State:

Zip:

Country:

Phone:

E Mail:

PSA #:

Year Joined PSA:

Brief Resume:

*** In conformity with European law the following paragraph must be agreed to by all PSA member applicants prior to acceptance into a PSA Travel Study Group:

DATA PROTECTION: By uploading an image (s) to a PSA study group, you are explicitly consenting to the personal details you have supplied, including email addresses, being held, processed and used by the PSA study group organizers for purposes associated with this PSA activity. You also explicitly consent to such information being sent to other PSA study group members. You acknowledge and accept that submitting image(s) to a PSA study group, means that the status and results of your participation may be made public.

Agree Disagree

Signature or Typed Name Qualifies