



American Society of Media Photographers

## Studio Group Registration

Studio Name:

Address:

Phone No.:

Website:

Name of Designated Professional Member:

Address (if different than studio):

Phone No.:

Email:

Payment Information:

Card Number:

Expiration Date:

CSV #:

Name as appears on card:

Billing Address:

Professional member rate remains at \$335/year.

Associate member rate discounted from \$225 to \$150/year.



**Studio Members:**

Professional Member Name:

Address:

Email:

Phone No.:

Associate Member Name:

Address:

Email:

Phone No.:

Associate Member Name:

Address:

Email:

Phone No.:

Associate Member Name:

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Phone No.:

Associate Member Name:

Address:

Email:

Phone No.:

Please call 1-877-771-ASMP (2767) with all of the above information or scan and email form to [info@asmp.org](mailto:info@asmp.org). Please include Group Membership in the subject line of your email.