



American Society of Media Photographers

Studio Group Registration

Studio Name: _____

Address: _____

Phone #: _____

Website: _____

Name of Designated Professional Member: _____

Address (if different than studio): _____

Phone Number: _____

Email: _____

Associate Members:

	Name	Email	Address	Phone #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Payment Information:

Card Number: _____

Expiration Date: _____

CSV #: _____

Name as it appears on the card: _____

Billing Address: _____

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