FWPPA FELLOWSHIP POINT REQUEST FORM

Member Name:_____ Membership Year:_____

Board of Directors (2)
Position:_____

President of FWPPA (5): _____

LENS Editor (2)_____

Master's of Photography Degree (5)
Date: _____

Photographic Craftsman Degree (3)
Date: _____

PPofA Certification (CPP (2)
Date: _____

TPPA Associate Fellowship (1)
Date: _____

TPPA Full Fellowship (1)
Date: _____

Article/LENS Newsletter (List Dates)
Illustrated (2)_____
Non-Illustrated (1)_____
Cover Photograph (1) _____

TPPA, SWPPA, or PPA President (5) _____
Committee Service (1)_____
_____
_____

Continuing FWPPA Membership (1) _____
Continuing TPPA Membership (1) _____
Continuing PPA Membership (1) _____
Special Meetings (1/2) _____
_____
_____

Seminar Attendance (1)_____
_____
_____

Program for FWPPA (2) _____
Sponsoring New Members (1each)_____
_____

Monthly Print Competition

MONTH	ENTER (1/2)	RIBBON (1)
Jan	_____	_____
Feb	_____	_____
Mar	_____	_____
Apr	_____	_____
May	_____	_____
Jun	_____	_____
Jul	_____	_____
Aug	_____	_____
Sep	_____	_____
Oct	_____	_____
Nov	_____	_____
Total:	_____	_____

TOTAL PRINT POINTS_____

Current Points Earned:_____
Points Carried Forward:_____
Total Points To Date: _____

I submit the above totals to the FWPPA Board of Directors for approval as accumulative points toward my FWPPA Associate and Full Fellwoship Degree.

_____
Members Signature

Date:_____

Submitted to Board of Directors:

_____
Board Approval:

Degree Ordered:_____

Degree Awarded:_____

Form Revised 07/05/2009