



Stock Artists Alliance

## Application for Membership / page 1

*Please complete the following form so we can process your application.*

*We activate membership benefits promptly following acceptance and dues payment.*

### 1 / Your Contact Information

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Name

Date

Address

City/State/Province

Country/Postal Code

Phone

Email

### 2 / Your Membership Level

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[More about Membership Levels](#)

**General Membership** - Dues \$175 USD  
plus \$45 registration fee

**Affiliate Membership** - Dues \$175 USD  
plus \$45 registration fee

**Associate Membership** - Dues \$90 USD  
plus \$45 registration fee

**Student Membership** - Dues \$25 USD  
registration fee waived

### 3 / Your Professional Credentials

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Your stock distributors, agencies, portals or other distribution services:

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Your web site or online portfolio URL:

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Your memberships in other professional trade associations:

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Referrals from SAA members or others:

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Provide any additional information to establish your professional credentials:

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Stock Artists Alliance

## Application for Membership / page 2

### 4 / Payment Options

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Check enclosed payable to *Stock Artists Alliance*

Charge my Visa or Mastercard

Name on Card (*print clearly*) \_\_\_\_\_

Account # \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_/\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_/\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_/\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Exp. Date (*mm/yy*) \_\_\_\_-\_\_\_\_ / \_\_\_\_-\_\_\_\_ Authorized Charge: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send this form by mail or fax to**

ATTN: Betsy Reid, Executive Director

BY FAX: 404-881-6315

BY MAIL: SAA Office, 684 E. Pelham Road N.E., Atlanta, Georgia USA 30324

[Please contact us by email with any questions](#)