

P A C A



PICTURE ARCHIVE COUNCIL *of* AMERICA

APPLICATION FOR FRIEND OF PACA MEMBERSHIP

Annual fee for Friend of PACA is \$375.00

Please provide the following information.

Name _____

Current address _____

Mail Address (if other than above)

Phone _____ FAX _____

Email address: _____

Web site: _____

Current employment: _____

Previous employment _____

Number of years _____

Position/Duties _____

PACA Code of Ethics

The Picture Archive Council of America, through its worldwide membership, vigorously supports a standard of business practice that sustains the highest degree of honesty, integrity and fair play

with clients, contributing artists, other stock agencies and vendors. PACA has a commitment to the protection of intellectual property and represents the highest quality of images, service and membership support.

Signature of Applicant:

Date: _____

Send Application and check to:

PACA Executive Director
PACA Office
23046 Avenida de la Carlota, Suite 600
Laguna Hills, CA 92653
execdirector@pacaoffice.org
949.282.5065-p
949.282.5066-f

Or:

Credit Card Number: _____ Exp.

Date: _____