



# AFFILIATE RENEWAL FORM & CHECKLIST

PPA Affiliate Name: \_\_\_\_\_

This PPA Affiliate renewal form and all documentation must be completed and postmarked by **December 31** to maintain the Affiliate status. For questions regarding your Affiliate renewal be sure to contact the office by **December 23** at 800-786-6277.

Please return this completed form to:

PPA: Affiliate Renewal  
229 Peachtree Street NE, Suite 2200  
Atlanta, GA 30303

All forms submitted electronically may be sent to affiliates@ppa.com.

**Annual Affiliate Renewal Fee of \$300:** You may include a check with this form or complete the credit card information below.

<input type="checkbox"/> <b>VISA</b>	<input type="checkbox"/> <b>MASTER CARD</b>	<input type="checkbox"/> <b>AMERICAN EXPRESS</b>
Name on card _____		
Credit Card Number _____		
Expiration Date _____		Security Code _____
Billing Address _____		
City/State/Zip _____		

**Affiliate Membership Roster:** Upload your complete association membership roster. The membership roster must be in an Excel Spreadsheet (.xls format) with the following column headings: First Name, Last Name, PPA ID, Address 1, Address 2, City, State, Zip Code, Phone, and E-mail. You may download a sample Affiliate membership roster on PPA.com/Affiliates (About PPA > Affiliates & Charities > PPA Affiliates) or see enclosed sample. *Please note that PPA ID numbers are required. This is how Merit allocation is determined. Printed rosters are not accepted.*

In addition, please complete the following questions:

What is your total affiliate membership? \_\_\_\_\_

How many of your affiliate members are PPA members? \_\_\_\_\_

*Unless noted, all of the items listed below must be included with your PPA Affiliate renewal in order to complete the process.*

**Bylaws:** Provide a current copy of your Affiliate's bylaws. *Please note that if no changes have been made in the current calendar year, you do not have to submit a copy of your bylaws.*

- Membership Application:** A current copy of your Affiliate’s membership application, including category descriptions and dues amounts *(If no changes have been made in the current calendar year, you do not have to submit).*
- Principles of Affiliation:** Please email or upload a ratified and signed copy of the PPA *Principles of Affiliation*. *(This is an annual document and must be submitted with the current President’s signature every year.)*
- Articles of Incorporation:** A current copy of your Affiliate’s state articles of incorporation, showing payment to the state in the current year. If your state does not require annual payments, please submit a document showing active status.
- Tax Documentation:** Please include or email a current copy of your annual 990, 990ez or 990N postcard filed with the IRS.
- Financial Report:** Please include or email a published and dated notification to members that “association financial information is available upon request” as stated in the *Procedures and Requirement to Maintain Affiliation with PPA*, **or** a copy of a published and dated financial report.
- Affiliate Information:** Please complete the following information if applicable.

**AFFILIATE**

Web Address \_\_\_\_\_

Officer Election Date \_\_\_\_\_ Date Officers take office \_\_\_\_\_

Date of meeting (include week and day of the month) \_\_\_\_\_

Upcoming convention date and location \_\_\_\_\_

**Affiliate Contact Information:** Please complete all of the following required contact information.

Please complete all of the following required contact information. Designate one primary contact person who will be responsible for receiving and responding to PPA correspondence. Your official contact will receive all PPA mailings and be listed in the PPA membership directory as your affiliate’s contact person.

**PRESIDENT**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

PPA Member Number (required) \_\_\_\_\_

\_\_\_\_\_ Make this person the primary contact.

**PRESIDENT ELECT / VICE PRESIDENT**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

PPA Member Number (if applicable) \_\_\_\_\_

\_\_\_\_\_ Make this person the primary contact.

**SECRETARY**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

PPA Member Number (if applicable) \_\_\_\_\_

\_\_\_\_\_ Make this person the primary contact.

**TREASURER**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

PPA Member Number (if applicable) \_\_\_\_\_

\_\_\_\_\_ Make this person the primary contact.

**EXECUTIVE DIRECTOR / MANAGER**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

PPA Member Number (if applicable) \_\_\_\_\_

\_\_\_\_\_ Make this person the primary contact.

**EDITOR**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

PPA Member Number (if applicable) \_\_\_\_\_

\_\_\_\_\_ Make this person the primary contact.