



PROFESSIONAL PHOTOGRAPHERS' ASSOCIATION OF NEW JERSEY

REQUEST FOR CERTIFICATE OF CREDIT

Last Name

First Name

Initial

Address

City

State

Zip Code

Telephone

Reason for Credit: _____ Date: _____

Chapter or Committee Making Request: _____

I hereby certify that the applicant for Certificate of Credit has made a contribution to the advancement of this profession. The issue of this credit is in adherence to the Constitution of the PROFESSIONAL PHOTOGRAPHERS ASSOCIATION OF NEW JERSEY.

Signature of Person
Requesting Credit

Approval of Chairman
Board of Degrees

Issue Date