



Ambassador Application

A nonprofit 501(c)(3) organization

www.specialkidsphotography.com

1497 N. 775 West, Washington, UT 84780 (435) 627.1628

This form also available to fill in on-line

(Ask for by writing info@specialkidsphotography.com)

Geographic Area:

City

Near

(major metro area)

Name	Ph	Cell	
Address	Email		
City	State	Zip	Fax
Business name	Website		

List me on the SKPA website as an ambassador (1 contact email or #)

I am a parent of a special child

I am a professional photographer

I work as a care provider/teacher for special children

Other _____

Why do you want to become an ambassador for SKPA?

I will be able to help with the following:

- Contact support groups for Down syndrome, autism, etc. and offer to speak or provide other information about SKPA
- Contact local special ed schools and therapy centers to provide contact information for SKPA-trained photographers
- Arrange to have space donated at local events. Attend and inform attendees about SKPA and the photographers
- Contact support groups for Down syndrome, autism, etc. and offer to speak or provide other information about SKPA
- Arrange SKPA workshops for photographers in the area-contact local PPA guilds, photo labs, camera stores, etc.
- Arrange to put up displays (especially during "awareness" weeks) at libraries, schools, civic centers, etc.
- Seek financial support from businesses, philanthropic organizations, individuals, etc.
- I am enclosing \$25 for the Ambassador Packet
- I have paid \$25 on the Internet through PayPal
- Arrange SKPA workshops for photographers in the area-contact local PPA guilds, photo labs, camera stores, etc.
- My idea for outreach is to _____

I, the undersigned, am not employed by and do not represent Special Kids Photography of America (SKPA) in an official capacity. My intent is inform the community about their goals and objectives. SKPA is not responsible for my actions and interactions with the public and families. Nevertheless, I will do my best to honorably present the message of SKPA with concern for *all* children and maintain high moral values and integrity. I understand that \$15 of the \$25 is a donation to SKPA and will be refunded if requested.

Signature _____ Date _____ Passed by _____ Date _____

Renewals

Date of first accreditation: _____ Renewal _____ Renewal _____ Renewal _____