

APPENDIX D - DECLINE OF AUTHORIZATION TO USE PHOTO



To: ACTRA

Re: Decline of Authorization to Use Photo

I, _____
(please print name and member number)

hereby state that ACTRA is NOT authorized to use my photographic image in the following manner:

- the promotion of ACTRA, its policies and activities;
- any other legitimate use that advances the interests of ACTRA and its membership, even if such specific use is approved in advance by the ACTRA National Council.

Date: _____

(Witness signature)

(ACTRA member signature)

Please return this form to your local ACTRA office if you do not wish your photo to be used in the manner specified. A list of ACTRA office addresses is on the overleaf of this form.