



STFREE CERTIFICATIONS MANUAL PHOTO PROCESSING FORM
RETURN THIS FORM TO: STFREE MEMBER SERVICES, #46011 P.O. Box 4668, NEW YORK, NY 10163-4668

PART A – MEMBER INFORMATION (MUST BE COMPLETED BY MEMBER)

FIRST NAME:	_____	ADDRESS 1:	_____
LAST NAME:	_____	ADDRESS 2:	_____
MEMBER#:	_____	CITY	_____
CONTACT#:	_____	STATE:	_____ ZIP _____
EMAIL:	_____		

PART B – PHOTOGRAPH (ATTACH PHOTO TO SPACE PROVIDED BELOW)

ATTACH PHOTO HERE