

Application

Personal Information

Name _____

Title _____

Organization _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Personal Email Address _____

Company Web Site _____

Phone _____

Fax Machine _____

Home Phone _____

Please do not publish my home phone number.

Professional Data

Your public relations related duties (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Communications mgt. | <input type="checkbox"/> Crisis management |
| <input type="checkbox"/> Government affairs | <input type="checkbox"/> Account mgt./sales |
| <input type="checkbox"/> Community relations | <input type="checkbox"/> Advertising |
| <input type="checkbox"/> Education | <input type="checkbox"/> Internet mgt./develop. |
| <input type="checkbox"/> Print, audio, or video development | <input type="checkbox"/> Graphic design |
| <input type="checkbox"/> Media relations | <input type="checkbox"/> Business owner |
| <input type="checkbox"/> Marketing communications | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Organizational spokesperson | |

What percent of your total work time is devoted to public relations activities? _____

Public relations experience: (attach another sheet if necessary)

Community service activities: _____

Other professional communication memberships:

Education (Degree/School): _____

Type of PRCA membership (Circle one, see definitions on back page):

Active Associate Student Sustaining

Status: New Transfer

If a transfer: I'm taking _____'s membership.
(old member)

Applicant's statement: "I affirm that all the information I have provided is accurate and current. If accepted, I will abide by the organization's Code of Ethics and do my part to uphold and further the state of the public relations profession."

Applicant's Signature _____ Date _____

Sponsor's Signature _____ Date _____

Local Membership VP _____ Date _____

State Membership Approval _____ Date _____