

MEMBERSHIP APPLICATION



I. GENERAL INFORMATION

Were you previously a member of PRSA? Yes No If yes, during what time period? _____ Name (if different) _____

Mr. Ms. Mrs. _____ Date of Birth _____
(circle one) First, Middle, Last, Suffix

Title _____ Organization _____

Business Address Preferred Mail Preferred billing

Address _____

City _____ State _____ Postal code _____ Country _____

Phone _____ Email _____

Home Address Preferred Mail Preferred billing

Address _____

City _____ State _____ Postal code _____ Country _____

Phone _____ Mobile Phone _____ Email _____

Member Directory Yes, include my contact details in the member directory No, do not include my contact details in the member directory.

How did you hear about PRSA? PRSA Member PRSA Chapter PRSSA/School Email Direct Mail
 Online Search Engine Facebook Twitter Other

II. PROFESSIONAL EXPERIENCE

Total # of years of PR/communications experience in full-time, paid positions _____ years. Year started in PR/communications: _____

You must spend a substantial portion of your time in one or more of the following areas. If unemployed, please use most recent position: community relations, consumer affairs/public affairs, employee relations, financial communications/investor relations, government relations, institutional/corporate advertising, marketing, communications, media relations, public relations counseling, public relations management/administration, public relations teaching, research and special events.

III. DEMOGRAPHICS

A. Position (select one)

- | | | | | |
|--|---|--|---|----------------------------------|
| <input type="checkbox"/> Associate/Staff | <input type="checkbox"/> VP | <input type="checkbox"/> C-Suite/Officer | <input type="checkbox"/> Consultant | <input type="checkbox"/> Student |
| <input type="checkbox"/> Manager | <input type="checkbox"/> President/CEO/Exec. Dir. | <input type="checkbox"/> SVP/EVP | <input type="checkbox"/> Educator/Professor | <input type="checkbox"/> Other |
| <input type="checkbox"/> Director | <input type="checkbox"/> Partner/Principal | <input type="checkbox"/> Retired | | |

B. Organizational Setting (select one)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Government/Military | <input type="checkbox"/> Nonprofit/Association | <input type="checkbox"/> PR Agency/Consultancy |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Independent Practitioner | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Other |

C. Industry

Please indicate your primary industry: _____

Check other industries you serve, if any, in the list below.

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> Agricultural/Mining | <input type="checkbox"/> Educational Institutions | <input type="checkbox"/> Government/Military | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Travel/Tourism/Hospitality |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Energy | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retail | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Banking | <input type="checkbox"/> Environmental | <input type="checkbox"/> Media/Entertainment | <input type="checkbox"/> Sports | <input type="checkbox"/> Other |
| <input type="checkbox"/> Brokerage/Investment | <input type="checkbox"/> Food/Beverage | <input type="checkbox"/> Nonprofit/Association | <input type="checkbox"/> Technology | |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Health/Medical | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Telecommunications | |
| <input type="checkbox"/> Consumer Products | <input type="checkbox"/> Insurance | <input type="checkbox"/> Professional Services | <input type="checkbox"/> Transportation | |

D. Specialization

Please indicate your primary specialization: _____

Check other specializations, if any, in the list below.

- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Corporate Social Responsibility | <input type="checkbox"/> Investor Relations/Financial | <input type="checkbox"/> Media Training | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Branding | <input type="checkbox"/> Crisis Management | <input type="checkbox"/> Communications | <input type="checkbox"/> Multicultural | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Business-to-Business | <input type="checkbox"/> Development/Fundraising | <input type="checkbox"/> Management/Administration | <input type="checkbox"/> PR Counseling | <input type="checkbox"/> Writer/Editor |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Employee Relations | <input type="checkbox"/> Marketing | <input type="checkbox"/> Research | <input type="checkbox"/> Other |
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Employee Communications | <input type="checkbox"/> Marketing Communications | <input type="checkbox"/> Reputation Management | |
| <input type="checkbox"/> Consumer Marketing | <input type="checkbox"/> Public Affairs | <input type="checkbox"/> Measurement & Evaluation | <input type="checkbox"/> Social Media | |
| <input type="checkbox"/> Corporate Communications | <input type="checkbox"/> Global Communications | <input type="checkbox"/> Media Relations | <input type="checkbox"/> Special Events | |

E. Education

Highest degree earned: High School Associate Bachelor's Master's Doctorate No degree Certificate in Public Relations

Associate/Bachelor's Major: _____ Graduate Major: _____ Doctorate Major: _____

F. Which of the following best describes you:

- | | | |
|---|---|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Prefer not to say |

Are you of Hispanic, Latino or Spanish origin? Yes No Prefer not to say

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IV. NATIONAL MEMBERSHIP

National membership options are based on your experience in the profession. Which of the following describes you?

- Did you previously belong to PRSA?** **\$290**
Rejoin as a Member. \$255 annual dues and \$35 reinstatement fee.
- Do you have more than three years' experience in public relations?** **\$320**
Join as a Member. \$255 annual dues and \$65 initiation fee.
- Do you have two to three years' experience in public relations?** **\$200**
Join as an Associate Member 3. \$200 annual dues.
- Do you have one to two years' experience in public relations?** **\$155**
Join as an Associate Member 2. \$155 annual dues.
- Do you have less than one years' experience in public relations?** **\$115**
Join as an Associate Member 1. \$115 annual dues.
- Were you a PRSSA member? And did you graduate within the past two years?** **\$60**
Join as an Associate Member, PRSSA Graduate. \$60 annual dues.
What school did you attend? _____
- Are you a full-time graduate student working toward a public relations degree?** **\$60**
Join as an Associate Member, Graduate Student. \$60 annual dues.

***You must be a member of PRSA National to join a Chapter or Professional Interest Section.**

V. CHAPTER MEMBERSHIP*

Join one of the more than 100 U.S.-based PRSA Chapters to expand your circle of contacts, attend programming, earn recognition, step into leadership roles, and learn about local business and job opportunities.

I am joining the following Chapter(s) _____ Dues* \$ _____

*Refer to www.prsa.org/chapterdues.

VI. PROFESSIONAL INTEREST SECTION MEMBERSHIP

Join a Professional Interest Section to access dynamic forums, publications, face-to-face events, members-only conference calls and online tools in specialized practice areas and industries.

- | | | |
|--|--|---|
| <input type="checkbox"/> Association/Nonprofit \$60 | <input type="checkbox"/> Employee Communications \$60 | <input type="checkbox"/> New Professionals \$20 |
| <input type="checkbox"/> Corporate Communications \$60 | <input type="checkbox"/> Entertainment and Sports \$60 | (less than 3 years' experience) |
| <input type="checkbox"/> Counselors Academy* | <input type="checkbox"/> Financial Communications \$60 | <input type="checkbox"/> Public Affairs and Government \$60 |
| <input type="checkbox"/> Counselors to Higher Education \$60 | <input type="checkbox"/> Health Academy \$60 | <input type="checkbox"/> Technology \$60 |
| <input type="checkbox"/> Educators Academy \$60 | <input type="checkbox"/> Independent Practitioners Alliance \$60 | <input type="checkbox"/> Travel and Tourism \$60 |

***Counselors Academy has separate eligibility requirements and higher dues. Please send me the application.**

VII. PAYMENT SUMMARY

Initiation or Reinstatement Fee (IV) _____
National Dues (IV) _____
Chapter Dues (V) _____
Section Dues (VI) _____

METHOD OF PAYMENT

Promotion Code (if applicable) _____
 Check (make checks payable to PRSA, US Funds drawn on US bank only)
 Visa MasterCard American Express Discover
Card Number _____ CSC _____ Exp. Date _____

TOTAL _____

Signature _____

Membership is for one-year from the date dues are received. Memberships are nontransferable and nonrefundable.

In applying for membership in the Public Relations Society of America, I attest to the accuracy of the information and to the fact that public relations/communications is a significant function of my position. I agree to accept the Society's decision on this application. I pledge to adhere to the Code of Ethics, comply with the Bylaws, and do all in my power to maintain and enhance the prestige of the practice of public relations/communications. Any material misstatement of fact in an application for membership shall be grounds for disciplinary action under the PRSA Bylaws.

I agree that PRSA dues are **nonrefundable and nontransferable**.

I agree with the above statements.

If you have any questions about these statements, contact membership@prsa.org.

★ **Signature** _____ **Date** _____

Join online: www.prsa.org/joinus

Mail: PRSA
120 Wall Street
21st Floor
New York, NY 10005

Call: (212) 460-1400
Fax: (212) 995-0757
Email: membership@prsa.org