



PUBLIC RELATIONS ASSOCIATION OF MISSISSIPPI

Membership Application

To be completed by VP of Membership.

Copies to Secretary, Treasurer, Director of Communication; original to VP Membership

Application approved Application denied

Reason denied _____

Signature _____ Date _____

Membership Information (Please Print)

Last Name	First Name	Middle Initial	Current Job Title
Company Name		Website	
Address		City/State/Zip	
Phone	Cell	Email	

Job Description

Education & Professional Background (Degree/Year/School; Attach resume if preferred)

Number of years in public relations _____ What percentage of your work time is devoted to public relations activities? _____

Are you accredited in PR? _____ Other professional communication memberships _____

Your public relations-related duties (CHECK ALL THAT APPLY)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Account management | <input type="checkbox"/> Community relations | <input type="checkbox"/> Government affairs | <input type="checkbox"/> Spokesperson |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Crisis management | <input type="checkbox"/> Graphic design | <input type="checkbox"/> Strategic communication |
| <input type="checkbox"/> Business owner | <input type="checkbox"/> Education | <input type="checkbox"/> Marketing communications | <input type="checkbox"/> Website/social media |
| <input type="checkbox"/> Communications management | <input type="checkbox"/> Fundraising/special events | <input type="checkbox"/> Media relations | <input type="checkbox"/> Writing |

Your PRAM Membership Is From January 1 though December 31.

Fees are due after membership is approved.

\$60 - Individual* \$60 - Corporate** \$35 - Student (STUDENT IS DEFINED AS FULL-TIME UNDERGRADUATE)

*INDIVIDUAL OWNS AND RETAINS MEMBERSHIP. **CORPORATION/BUSINESS OWNS AND MAY TRANSFER MEMBERSHIP TO ANOTHER.

Would you like to pre-pay for meeting costs? YES (enclose an additional \$90 with dues check) NO

How did you hear about Pine Belt PRAM?

- | | | | |
|---|---|---------------------------------------|--|
| <input type="checkbox"/> From a current PRAM member | <input type="checkbox"/> Newsletter (PRAMeGram) | <input type="checkbox"/> Social media | <input type="checkbox"/> PRAM special event/workshop, etc. |
| <input type="checkbox"/> PRAM meeting (date) | <input type="checkbox"/> pinebeltpram.com | <input type="checkbox"/> sprf.org | <input type="checkbox"/> Other |

Referrals: NAME /organization / email address of business associates that might benefit from a membership with PRAM:

What do you hope to learn from your time at PRAM? _____

I hereby apply for membership in the Public Relations Association of Mississippi and do attest to the accuracy of the information contained in this application. If elected as an active or student member by the Board of Directors, I pledge to abide by its bylaws and give my total support to its objectives.

Signature

Date

**Please mail/email to: April Jordan, Vice President of Membership • 601.266.5930 • april.i.jordan@usm.edu
PRAM P.O. Box 18126 • Hattiesburg, MS 39404-8126 • pinebeltpram@gmail.com**

www.pinebeltpram.com