



# PUBLIC RELATIONS ASSOCIATION OF MISSISSIPPI

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## 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\*\*     \$20 - 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**