

Counselors Academy Membership Application

Instructions:

1. Answer all questions IN FULL, remembering that sufficient detail is required to give persons who do not know the applicant a clear picture of qualifications. If necessary, forward supplemental information. **If accredited, please complete only Section I; if not accredited, complete Sections I and II.**
2. **Mail completed application to Counselors Academy, 33 Maiden Lane, 11th Floor, New York, NY 10038 or fax to 212-995-0757.**

Eligibility Requirements for Counselors Academy

1. Membership in the Counselors Academy is open to any accredited member of the Public Relations Society of America, or if a resident of Canada, an Accredited member in good standing of the Canadian Public Relations Society, who has been actively engaged for at least one year in providing counseling service, either as full-time principal, officer, partner or employee of a public relations firm or of a department or organization which is fully compensated on a fee basis in rendering such service to clients.
2. Membership is open to any PRSA member who is a bona fide counselor who has ten (10) years in the field, including at least one at the senior management level.

Section I

First Name of Applicant: _____

Last Name of Applicant: _____

Email: _____

Number of years experience as a counselor: _____

Information on Current Counseling Position

Organization: _____

Telephone: _____

Business Address: _____

City, State, Zip: _____

Your Position: _____

Responsible To: _____

Title: _____

Tenure in this position: _____

From(Month&Year): _____ To(Month&Year): _____

Explain nature of duties:

Please list name, corporate affiliation, title, business address and telephone number of one person who can attest to your professional counseling capabilities:

Name: _____
Corporate Affiliation: _____
Title: _____
Business Address: _____
City, State, Zip: _____
Business Telephone Number: _____

**Section II
Information on Previous Public Relations Positions**

If you have held additional public relations positions during the past ten (10) years, please list below the name of the firm, phone number and a contact, beginning with the most recent.

Name: _____
Corporate Affiliation: _____
Title: _____
Business Address: _____
City, State, Zip: _____
Business Telephone Number: _____

Name: _____
Corporate Affiliation: _____
Title: _____
Business Address: _____
City, State, Zip: _____
Business Telephone Number: _____

Name: _____
Corporate Affiliation: _____
Title: _____
Business Address: _____
City, State, Zip: _____
Business Telephone Number: _____

I hereby apply for membership in the Counselors Academy of Public Relations Society of America for the current year and attest to the accuracy of the information in this application. I enclose my check in the amount of \$280 as payment of Academy \$85 initiation fee + \$195 annual dues. I have read the eligibility requirements set forth above and currently meet these requirements for membership.

Dues and fees to PRSA are deductible as an ordinary business expense as provided by law, but contributions and dues to PRSA are not deductible as charitable contributions for federal income tax purposes.

Fees and dues payable in U.S. funds drawn on a U.S. bank only.

Signature of Applicant: _____ Date: _____

CHECK ENCLOSED (Payable in U.S. Funds to PRSA Counselors Academy)

VISA MASTERCARD AMERICAN EXPRESS

Credit Card No. _____

Exp. Date _____

Name on Card _____

Signature _____