

MEMBERSHIP APPLICATION



I. GENERAL INFORMATION

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

Dr. Mr. Ms. Mrs. _____ Year of Birth _____
First, Middle, Last, Suffix

Title _____ Organization _____

Business Address Preferred Mail Preferred billing Phone _____

Address _____ City _____ State _____

Postal code _____ Country _____ Email _____

Home Address Preferred Mail Preferred billing Phone _____ Mobile _____

Address _____ City _____ State _____

Postal code _____ Country _____ 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)

Associate/Staff Director President/CEO/Exec. Dir. C-Suite/Officer Consultant Student Other
 Manager VP Partner/Principal SVP/EVP Educator/Professor Retired

B. Organizational Setting (select one)

Corporation Government/Military Nonprofit/Association PR Agency/Consultancy
 Educational Institution Independent Practitioner Professional Services Other

C. Industry Please indicate your primary industry: _____

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

Agriculture Educational Institutions Government/Military Real Estate Travel/Tourism/Hospitality
 Automotive Energy Manufacturing Retail Utilities
 Banking Environmental Media/Entertainment Sports Other
 Brokerage/Investment Food/Beverage Nonprofit/Association Technology
 Construction Health/Medical Pharmaceutical Telecommunications
 Consumer Products Insurance Professional Services Transportation

D. Specialization Please indicate your primary specialization: _____

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

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

E. Education

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

F. Which of the following best describes you? (Check all that apply)

PRSA is committed to diversity among its members and within the public relations profession. The information in this section will be used only to help us measure our progress in diversifying our membership and leadership base and will have no impact on your membership status. If you choose not to participate, please select "Choose Not to Answer" from the available options.

Race/Ethnicity: African American/Black Caucasian/White Native American Mixed Race Choose not to answer
 Asian Hispanic/Latino(a)/Latinx Pacific Islander Other

Gender Identity: Agender Cisgender Gender Fluid Male Transgender Other
 Bigender Female Genderqueer Nonconforming/Nonbinary Unsure/Questioning Choose Not to Answer

Sexual Orientation: Asexual Gay/Lesbian Queer Unsure/Questioning Choose Not to Answer
 Bisexual Pansexual Straight/Heterosexual Other

Do you have any impairments affecting the following abilities that hinder your full and effective participation in PRSA on an equal basis with others?

Communicating Hearing Remembering or concentrating Other Choose Not to Apply
(understanding or being understood) Seeing Walking or climbing steps No impairments

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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?** **\$295**
Rejoin as a Member. \$260 annual dues and \$35 reinstatement fee.
- Do you have more than three years' experience in public relations?** **\$325**
Join as a Member. \$260 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 | \$65 | <input type="checkbox"/> Employee Communications | \$65 | <input type="checkbox"/> New Professionals | \$20 |
| <input type="checkbox"/> Corporate Communications | \$65 | <input type="checkbox"/> Entertainment and Sports | \$65 | (less than 3 years' experience) | |
| <input type="checkbox"/> Counselors Academy* | | <input type="checkbox"/> Financial Communications | \$65 | <input type="checkbox"/> Public Affairs and Government | \$65 |
| <input type="checkbox"/> Counselors to Higher Education | \$65 | <input type="checkbox"/> Health Academy | \$65 | <input type="checkbox"/> Technology | \$65 |
| <input type="checkbox"/> Educators Academy | \$65 | <input type="checkbox"/> Independent Practitioners Alliance | \$65 | <input type="checkbox"/> Travel and Tourism | \$65 |

***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) _____

TOTAL _____

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 _____

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