



# Application

## Personal Information

Name

Title

Organization

Mailing Address

City State Zip

Personal Email Address

Company Web Site

Office Phone

Fax Machine

Home Phone

Please do not publish my home telephone number

What percent of your total work time is devoted to PR activities?

Public relations experience: (attach another sheet if necessary)

Community service activities:

Other professional communication memberships:

Education (Degree/School):

Type of PRCA membership (Check one)

Active Associate Student Sustaining

Applicant's statement: I affirm that all the information I have provided is accurate and current. If accepted, I will abide by the organization's Code of Ethics and do my part to uphold and further the state of the public relations profession.

## Professional Data

Your public relations related duties (check all that apply):

- |                                    |                        |
|------------------------------------|------------------------|
| Communications management          | Crisis management      |
| Government affairs                 | Account mgt./sales     |
| Community relations                | Advertising            |
| Education                          | Internet mgt./develop. |
| Print, audio, or video development | Graphic design         |
| Media relations                    | Business owner         |
| Marketing communications           | Other:                 |
| Organizational spokesperson        |                        |

Applicant's Signature Date

Sponsor's Signature Date

Local VP Membership Date

State VP Membership Date