



Emerald Coast Public Relations Organization Membership Application Form

Name: _____

Job Title: _____

Company: _____ Address: _____

City: _____ Zip: _____ Work Phone: _____ Home Phone: _____

Fax: _____ Cell: _____ Email: _____

Percent of your overall work for your organization devoted to public relations: _____

Years of public relations experience: _____

(Public relations tasks include, but aren't limited to the following: involvement with the preparation or planning of public relations, advertising and/or marketing campaigns; public affairs; issues management; crisis communication/management; community relations; investor relations and developing/fundraising)

I'm interested in the following membership, which also includes membership in the Southern Public Relations Federation:

___ **Active Professional** - A voting membership. Open to individuals who devote at least 50 percent of their permanent employment to PR activities and who have a minimum of one year of professional experience in the fields of PR. Membership is \$100 annually, plus a one-time \$10 application fee.

___ **Inactive Professional** - A non-voting membership. An individual who has met his/her requirement for and attained Accredited Public Relations Professional status, or other recognized PR certification, but who is currently unemployed or retired from a fulltime career in PR. Membership is \$100 annually, plus a one-time \$10 application fee.

Active and Inactive Professionals, please include a brief summary of your PR experience, or attach a copy of resume

___ **Sustaining Professional** - A non-voting membership. Any person employed in an allied field of PR or an active volunteer in PR. Membership is \$100 annually, plus a one-time \$10 application fee.

___ **Student** - A non-voting membership. Open to full time college students interested in a PR career. Membership is \$20 annually, plus a one-time \$10 application fee.

Amount Enclosed (including one-time \$10 application fee): \$ _____

Membership is being paid by: ___ Individual ___ Place of Business

Please mail this form, your check and accompanying information to the following address,
or give it to any active board member of ECPRO. You'll receive an acknowledgement within 30 days.

I certify this information is correct to the best of my knowledge.

Signature

Date

Referred by _____ (ECPRO Member)