



PUBLIC RELATIONS ASSOCIATION OF MISSISSIPPI MEMBERSHIP APPLICATION

PLEASE PRINT

LAST NAME FIRST NAME MIDDLE INITIAL CURRENT JOB TITLE

COMPANY NAME _____

HOME ADDRESS _____

BUSINESS ADDRESS _____

CITY/ST/ZIP _____

CITY/ST/ZIP _____

HOME PHONE _____

BUSINESS WEBSITE _____

PHONE/FAX _____

WHERE DO YOU PREFER TO BE CONTACTED?

EMAIL _____

HOME _____ WORK _____ EITHER _____

EDUCATION/PROFESSIONAL BACKGROUND (DEGREE, YEAR, SCHOOL, ETC. ATTACH RESUME IF PREFERRED)

FEES ARE DUE AFTER MEMBERSHIP IS APPROVED.

_____ INDIVIDUAL \$55* _____ CORPORATE \$55** _____ STUDENT \$30

YOUR PRAM MEMBERSHIP IS FROM JANUARY THRU DECEMBER OF 2008.

REFERRALS?
IF YOU HAVE ANY BUSINESS ASSOCIATES YOU THINK MIGHT BENEFIT FROM MEMBERSHIP IN PRAM, PLEASE PRINT THE PROSPECT'S NAME & ORGANIZATION OR THE REVERSE OF THIS PAGE. WE WILL ENSURE THAT HE/SHE RECEIVES MEMBERSHIP INFORMATION PROMPTLY.

*INDIVIDUAL OWNS AND RETAINS MEMBERSHIP.

**CORPORATION/BUSINESS OWNS AND MAY TRANSFER MEMBERSHIP TO ANOTHER.

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 TO:

SHAWN MERCER, VICE PRESIDENT OF MEMBERSHIP
PRAM • PO BOX 18126 • HATTIESBURG, MS 39404-8126
PHONE 601.544.4370 • FAX 801.459.7726 • MEMBERSHIP@PINEBELTPRAM.COM

_____ www.pinebeltpram.com _____

TO BE COMPLETED BY VICE PRESIDENT OF MEMBERSHIP
DATE RECEIVED _____ DATE APPROVED _____ MEMBERSHIP YEAR _____
DATE FORWARDED TO SECRETARY _____ DATE FORWARDED TO TREASURER _____ *REVISED 2/08*