



## 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 \$85 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 \$85 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 \$85 annually, plus a one-time \$10 application fee.

\_\_\_\_ **Student** - A non-voting membership. Open to 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 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

**Emerald Coast Public Relations Organization • P.O. Box 4483 • Fort Walton Beach, FL 32549  
www.ecpro.org**