



## Membership Application Form

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Percent of your overall work for your organization devoted to public relations: \_\_\_\_\_% Years of P.R. experience: \_\_\_\_\_

*Public relations tasks include, but are not 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 Business Development/Fundraising*

**I am interested in the following membership, (includes Southern Public Relations Federation (SPRF) Membership.)**

\_\_\_ **Active Professional** – A voting membership. Open to individuals who devote at least 50% of their permanent employment to PR activities and who have a minimum of one year of professional experience in the fields of P.R. 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 (APR) status, or other recognized P.R. certification, but who is currently unemployed or retired from a fulltime career in P.R. Membership is \$100 annually, plus a one-time application fee.

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

\_\_\_ **Sustaining Professional** – A non-voting membership. Any person employed in an allied field or P.R. or an active volunteer in P.R. 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 P.R. 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 will receive an acknowledgement within 30 days. I certify this information is correct to the best of my knowledge.

---

Signature

Date

Referred By \_\_\_\_\_ (ECPRO Member)

**Emerald Coast Public Relations Organization P.O. Box 4483 Fort Walton Beach, FL 32549 [www.ecpro.org](http://www.ecpro.org)**