



Public Relations Association of Mississippi
CENTRAL CHAPTER

Central Chapter 2020 Membership Form

An affiliate of the Southern Public Relations Federation

**Mail form, along with check made payable to PRAM, to:
PRAM Central Chapter - P.O. Box 55462 - Jackson, MS 39296-5546**

Eligibility: An individual who is of established professional standing in public relations shall be eligible for membership. Interpretation of this requirement shall be vested in the Central Chapter Board, which shall be guided by the nature of the applicant's occupational duties if responsibility for public relations activities is not indicated by the applicant's job title. The board shall be guided by the precepts of the association as stated in the association's constitution and by-laws.

Rights and privileges: Each chapter member, regardless of category, shall enjoy all benefits and participation in PRAM, including membership in the Mississippi State PRAM Association and the Southern Public Relations Federation. All chapter members shall be entitled to a Certificate of Membership, and each member who has paid current dues shall be eligible to vote and hold office.

PRAM Central Membership Types:

1] Corporate: The membership shall be owned by the business, which applies for membership, pays dues and is represented by an employee. The corporation has the authority to appoint a new member if the corporate representative changes employment. Dues are **\$75** per year for the first member from an organization and **\$60 for each additional member** from the same company or organization. Lunch cost is \$20 each month.

2] Individual: The individual paying dues shall own the membership; the membership dues shall transfer if the member changes employment; however, a new form should be filled out. Dues are **\$75** per year. Lunch cost is \$20 each month.

3] Student: The student membership carries with it all rights of full membership in the Central Chapter, other than the ability to hold office. It entitles the student to membership in the state PRAM and SPRF. Dues are **\$20** per year.

4] Life: Individuals may be awarded the honor of Life Membership at the discretion of the present Central Chapter Board. This category recognizes PR practitioners who have provided valuable service to the profession and PRAM Central and have reached the age of 55 or older.

- ☐ New Membership [complete two pages]
☐ Transfer Membership [complete * sections]
☐ Renew Membership [first page only]

*Your Name: _____

Are you accredited in PR? ☐ Yes, I'm APR ☐ Not yet

*Organization: _____

*Job Title: _____

*Membership Type: (Check one.)

☐ 1st Corporate \$75/year

☐ Additional Corporate \$60/year

☐ Individual \$75/year

☐ Student \$20/year

☐ Life

*Transfer Membership?

Your Previous Organization: _____

Predecessor's Name: _____

*Contact Information:

Street/Mailing Address: _____

City: _____ State: MS Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Pre-pay lunch costs?

☐ Yes [Enclose an additional \$180 with dues check.]

☐ No

For PRAM Board Use:

Year Effective: _____

Date Board Vote: _____

Notification: _____

Phone-Fax-E-mail-Mail-Other: _____

PRAM/SPRF Certificate: _____

PRAM Dues Sent: _____

CC: Membership & Sec _____

Please continue to next page.

About Your Industry:

What best describes the organization in which you work:

- ☐ Ad/PR Agency
- ☐ Non-Profit/Association
- ☐ Medical/Health Care
- ☐ State Government
- ☐ Manufacturing
- ☐ Insurance
- ☐ Internet/Computer
- ☐ Finance/Banking
- ☐ Utility

Other (list): _____

Estimate % of time devoted to one or more of the following functions:

*Percentage total (including other) should be equal to 100%.

- _____ % Media Relations
- _____ % Fund Raising/Special Events
- _____ % Community Relations
- _____ % PR Teaching/Training
- _____ % Marketing Communications
- _____ % Writing (speech, copy, etc.)
- _____ % Advertising
- _____ % Graphic Design/Desktop Publishing
- _____ % Web development/multimedia

Other (list): _____

Educational Background: (highest level): _____

Please list any accreditations/designations you have received: _____

***Years in the PR field:** *(exclude journalism/broadcasting):*

_____ year[s]

***Name and title of supervisor to whom you report:**

Supervisor's Name: _____

Title: _____

Briefly describe your major duties/responsibilities: _____

Please list community service activities: _____

Please list any other affiliations or organizations to which you belong: _____

New Members Only:

STATEMENT OF APPLICANT: I hereby apply for membership in the Central Chapter of the Public Relations Association of Mississippi (PRAM): I do attest to the accuracy of the information contained in this application, pledge to abide by the by-laws of PRAM and to give total support to its objectives.

Signature of Applicant: _____

Date: _____

Vice-President of Membership: _____

Date: _____

**To submit online, email it to Matt Westerfield, APR, Vice President of Membership, at
matt.westerfield@medicaid.ms.gov.**

**To process payments online or receive an invoice for your membership,
include Jean Cook, APR, Treasurer, at jcook@mdek12.org in your email to Matt. New member applications must be
approved before an invoice can be issued.**

**To submit by mail, print your form, submit a check and send to:
PRAM Central P.O. Box 55462, Jackson MS 39296.**