OXFORD/OLE MISS CHAPTER
*ESTABLISHED 2003*
PRAM
★ MEMBER ★
PUBLIC RELATIONS ASSOCIATION OF MISSISSIPPI
SOUTHERN PUBLIC RELATIONS FEDERATION

# Public Relations Association of Mississippi

# Membership Application

**PLEASE PRINT**

☐ **New Member** ☐ **Renewal**

Last Name First Name Middle Initial Current Job Title

Address (for correspondence) _____ City, State, Zip _____

Phone _____ Fax _____

E-mail _____

Business Name (if applicable) _____

Business' functions (if applicable) _____

Education/Professional Background (Degree, Yr., School, etc. Please attach resume if preferred.)

_____

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**Membership year runs January 1 through December 31 of each year.**

_____ Individual $50* _____ Corporate $50** _____ Student $25

* Individual owns and retains membership.
** Corporation/Business owns and may transfer membership to another.

**Amount Enclosed** _____
(Dues must accompany this membership application.
Mail check payable to PRAM along with this application.)

**Referrals?**
If you have any business associates you think might benefit from membership in PRAM, please print the prospect's name and organization on the reverse of this page. We will ensure that he/she receives membership information promptly.

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:** Nora Brown, Vice President for Membership
c/o FNC, Inc.
1214 Office Park Drive • Oxford, MS 38655
662.236.8381 • FAX 662.236.2037
e-mail: ncbrown@fncinc.com

**For administrative use only.**
Date Received _____ Date Approved _____ Membership Year _____
Date Dues Paid _____ Payment type _____ *Revised 03/10*