

APPLICATION FOR MEMBERSHIP

Membership is available in the Black Public Relations Society of Chicago to individuals interested in public relations and its related fields. **Membership is renewable yearly.**

PERSONAL INFORMATION			
Name			
Home Address			
City	State	Zip Code_	
Email Address			
Telephone Number			
PROFESSIONAL or ACADEMIC IN	FORMATION		
Title			
Company/School			
Address			
City	State	Zip Code	
Type of Company/Sector			
Current Major (if applicable)			
Company Email Address			
Office Telephone Number			
AREAS OF EXPERTISE			
Please circle all that apply:			
Public Relations/Affairs	Communications		Marketing/Marcomm
Advertising	Community Relations/Affairs		Government Affairs
Journalism	Media Relations		Special Events
Consulting	Other		Special Evenie
MEMBERSHIP LEVELS AND DUES	2		
Please check one:	•		
Full: Actively engaged in a full-tir	ne communications care	er in or closely i	related field to public
relations,\$50	ne communications care	er iii or closery i	elated field to public
TCIAIIO113,400			
Associate: One year or less out of	of undergrad/grad school	: actively pursui	ing a public relations
career; vendor to public relations age			ing a pasie relations
	, , , , , , , , , , , , , , , , , , ,		
Student: Currently majoring in pu	iblic relations or a related	d communication	ns field at the
graduate or undergraduate level with	a valid student identifica	ation,\$20	
Enclosed is my check for \$ for	amer	nbership (Write	in appropriate level)
APPLICANT SIGNATURE			
Signed		Date	
<u> </u>			

Make check or money order payable to:

BPRS of Chicago P.O. Box 64398 Chicago, IL 60664-0398