

Southeastern Wisconsin Chapter Membership Application

Congratulations! By becoming a member of our local PRSA chapter you're now eligible for member-only discounts on meetings, professional development workshops and other special events. In addition, you'll receive seminar notices, free access to the local membership directory and additional information on chapter activities.

Local dues are only \$85 a year for Members, \$25 for Associate Members, and \$25 for Chapter Retirees. (As with other chapters, national membership is required to be part of our local chapter)

Note: A current business card is acceptable for business contact information.

Today's Date _____

Name _____

Title _____

Company/Organization _____

Business Address _____

City _____ Zip Code _____

Phone _____ Fax _____

Business e-mail _____

Home Address _____

City _____ Zip Code _____

Home phone _____

Home e-mail _____

Return this form, along with your national application and payments to:

**Katie Smallwood
Southeastern Wisconsin Chapter PRSA
N28W23050 Roundy Drive, Suite 100
Pewaukee, WI 53072
Phone: 262-650-9900
Fax: 262-650-3160
prsa@staplesmarketing.com**

2016 OFFICERS

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President-Elect
Sara Rude

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Annie Gentil, APR

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Phill Trewyn

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Karren Jeske, APR

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Don Klein

Kelly Savage, APR; APR Chair

Matt Wisla

ASSEMBLY DELEGATES

Emily Bultman

Audra Jacobs

Patrick McSweeney, Fellow, APR

MEMBERSHIP APPLICATION

I. GENERAL INFORMATION

Were you previously a member of PRSA? Yes No If yes, during what time period? _____ Name (if different) _____

Mr. Ms. Mrs. _____ Date of Birth _____
(circle one) First, Middle, Last, Suffix

Title _____ Organization _____

Business Address Preferred Mail Preferred billing

Address _____ City _____ State _____ Postal code _____ Country _____

Phone _____ Email _____

Home Address Preferred Mail Preferred billing

Address _____ City _____ State _____ Postal code _____ Country _____

Phone _____ Email _____

Facebook URL _____ LinkedIn URL _____ Twitter Handle _____

Website _____ Mobile Phone _____ Yes, send me text message updates from PRSA

Member Directory Yes, include my contact details in the PRSA member directory No, do not include my contact details in the PRSA member directory.

How did you hear about PRSA? PRSA Member PRSA Chapter PRSSA/School Email Direct Mail Online Search Engine
 Facebook Twitter Other

II. PROFESSIONAL EXPERIENCE

Total number of years of public relations experience in full-time, paid positions _____ years. Year started in public relations _____

You must spend a substantial portion of your time in one or more of the following areas. If unemployed, please use most recent position:
community relations, consumer affairs/public affairs, employee relations, financial communications/investor relations, government relations, institutional/corporate advertising, marketing communications, media relations, public relations counseling, public relations management/administration, public relations teaching, research and special events.

DEMOGRAPHICS

A. Position (select one)

____ Staff _____ Vice President _____ Consultant _____ Retired
____ Manager _____ President/CEO/ _____ Partner/Principal _____ Student
____ Director _____ Executive Director _____ Educator/Professor _____ Other

B. Organizational Setting (select one)

____ Corporation _____ Government/Military _____ Nonprofit/Association _____ PR Agency/Consultancy
____ Educational Institution _____ Independent Practitioner _____ Professional Services _____ Other

C. Industry

Please indicate your primary industry: _____

Circle other industries you serve, if any, in the list below.

Agricultural/Mining	Educational Institutions	Government/Military	Real Estate	Travel/Tourism/Hospitality
Automotive	Energy	Manufacturing	Retail	Utilities
Banking	Environmental	Media/Entertainment	Sports	Other
Brokerage/Investment	Food/Beverage	Nonprofit/Association	Technology	
Construction	Health/Medical	Pharmaceutical	Telecommunications	
Consumer Products	Insurance	Professional Services	Transportation	

D. Specialization

Please indicate your primary specialization: _____

Circle other specializations, if any, in the list below.

Advertising	Corporate Social Responsibility	Investor Relations/Financial	Media Training	Teaching
Branding	Crisis Management	Communications	Multicultural	Technology
Business-to-Business	Development/Fundraising	Management/Administration	PR Counseling	Writer/Editor
Business Development	Employee Relations	Marketing	Research	Other
Community Relations	Employee Communications	Marketing Communications	Reputation Management	
Consumer Marketing	Public Affairs	Measurement & Evaluation	Social Media	
Corporate Communications	Global Communications	Media Relations	Special Events	

E. Education

Highest degree earned: High School Associate Bachelor's Master's Doctorate No degree Certificate in Public Relations

Associate/Bachelor's Major: _____ Graduate Major: _____ Doctorate Major: _____

F. Which of the following best describes you:

White/Caucasian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander
 Black/African American Asian Other Prefer not to say

Are you of Hispanic, Latino or Spanish origin? Yes No Prefer not to say

MEMBERSHIP APPLICATION

IV. NATIONAL MEMBERSHIP

National membership options are based on your experience in the profession. Which of the following describes you?

- Did you previously belong to PRSA?** **\$290**
Rejoin as a Member. \$255 annual dues and \$35 reinstatement fee.
- Do you have two or more years' experience in public relations?** **\$320**
Join as a Member. \$255 annual dues and \$65 initiation fee.
- Do you have one to two years' experience in public relations?** **\$155**
Join as an Associate Member. \$155 annual dues.
- Do you have less than one years' experience in public relations?** **\$115**
Join as an Associate Member. \$115 annual dues.
- Were you a PRSA member? And did you graduate within the past two years?** **\$60**
Join as an Associate Member, PRSA Graduate. \$60 annual dues.
What school did you attend? _____
- Are you a full-time graduate student working toward a public relations degree?** **\$60**
Join as an Associate Member, Graduate Student. \$60 annual dues.

***You must be a member of PRSA National to join a Chapter or Professional Interest Section.**

V. CHAPTER MEMBERSHIP

Join one of the more than 100 U.S.-based PRSA Chapters to expand your circle of contacts, attend programming, earn recognition, step into leadership roles, and learn about local business and job opportunities.

I am joining the following Chapter(s) _____ Dues* \$ _____

*Refer to www.prsa.org/chapterdues.

VI. PROFESSIONAL INTEREST SECTION MEMBERSHIP

Join a Professional Interest Section to access dynamic forums, publications, face-to-face events, members-only conference calls and online tools in specialized practice areas and industries.

- | | | | | | |
|---|------|---|------|--|------|
| <input type="checkbox"/> Association/Nonprofit | \$60 | <input type="checkbox"/> Employee Communications | \$60 | <input type="checkbox"/> New Professionals | \$20 |
| <input type="checkbox"/> Corporate Communications | \$60 | <input type="checkbox"/> Entertainment and Sports | \$60 | (less than 3 years experience) | |
| <input type="checkbox"/> Counselors Academy* | | <input type="checkbox"/> Financial Communications | \$60 | <input type="checkbox"/> Public Affairs and Government | \$60 |
| <input type="checkbox"/> Counselors to Higher Education | \$60 | <input type="checkbox"/> Health Academy | \$60 | <input type="checkbox"/> Technology | \$60 |
| <input type="checkbox"/> Educators Academy | \$60 | <input type="checkbox"/> Independent Practitioners Alliance | \$60 | <input type="checkbox"/> Travel and Tourism | \$60 |

*Counselors Academy has separate eligibility requirements and higher dues. Please send me the application.

VII. PAYMENT SUMMARY

Initiation or Reinstatement Fee _____
National dues (IV) _____
Chapter dues (V) _____
Section dues (VI) _____
TOTAL _____

METHOD OF PAYMENT

Promotion Code (if applicable)
 Check (make checks payable to PRSA, US Funds drawn on US bank only)
 Visa Mastercard American Express
Card Number _____ Exp.Date _____
Signature _____

Membership is for one-year from the date dues are received. Memberships are nontransferable and nonrefundable.

In applying for membership in the Public Relations Society of America, I attest to the accuracy of the information and to the fact that public relations is a significant function of my position. I agree to accept the Society's decision on this application. I pledge to adhere to the Code of Ethics, comply with the Bylaws, and do all in my power to maintain and enhance the prestige of the practice of public relations. Any material misstatement of fact in an application for membership shall be grounds for disciplinary action under the PRSA Bylaws.

I agree that PRSA dues are **nonrefundable and nontransferable**.

I agree with the above statements.

If you have any questions about these statements, contact membership@prsa.org.

★ Signature _____ Date _____

Join online: www.prsa.org

Mail: PRSA
33 Maiden Lane
11th Floor
New York, NY 10038-5150

Call: (212) 460-1400

Fax: (212) 995-0757

E-mail: membership@prsa.org