

MEMBERSHIP APPLICATION

****Please use this form for Corporate, Young Professional, Retiree or Dual Silicon Valley Memberships. For all other memberships, please visit the Membership section of www.prsa.org to join or renew your National and Local membership.****

Member Profile

First Name _____ Last Name _____
 Company _____ Title _____
 National Member # _____

Contact Information

Business

Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____
 Email _____ Website _____

Home

Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____
 Email _____ Website _____

Please publish business home in the online membership directory (available to members only).
 Please email me at business home

I was referred to PRSA-SF by _____

Membership Dues

	<u>Annual Dues</u>	<u>Nonprofit Dues</u>
<input type="checkbox"/> Corporate Membership Allows 1 National Member to sponsor up to 3 local members in the same company. Corporate memberships are nontransferable. Please fill out reverse side.	\$ 300	\$ 200
<input type="checkbox"/> Retiree Membership Must be a retired public relations professional & a National PRSA member.	\$ 25	N/A
<input type="checkbox"/> Young Professional Membership (3 Years Maximum) Available to professionals who are new to public relations.	\$ 50	\$ 50
<input type="checkbox"/> Dual Membership with Silicon Valley Chapter	additional \$ 25	\$ 25

Method of Payment

- Check enclosed (payable to PRSA-San Francisco Chapter).** Mail completed form to:
 PRSA-San Francisco Chapter, 158 Crescent Plaza, Pleasant Hill, CA 94523.
 Please include a business card with your application.
- Paid with a credit card at www.acteva.com/go/prsasf.** Fax form to (925) 955-0525. (OVER)

Become a Sponsor

Support the San Francisco chapter of PRSA.

- Please contact me with information about the benefits of becoming a sponsor.

Corporate/Nonprofit Membership

Primary Member Name: _____

National Member #: _____

Additional Employee: _____

Title: _____

Email Address: _____

Additional Employee: _____

Title: _____

Email Address: _____

Additional Employee: _____

Title: _____

Email Address: _____

Nonprofit ID # (Required for Nonprofit Membership)

501c3 Number: _____

Professional Category

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Agency | <input type="checkbox"/> Vendor |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Government | <input type="checkbox"/> Student |
| <input type="checkbox"/> Non-profit | <input type="checkbox"/> Other: _____ |

Get Involved / Volunteer

- | | |
|--|--|
| <input type="checkbox"/> Monthly Program | <input type="checkbox"/> Membership Committee |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Website |
| <input type="checkbox"/> Workshop 'til you Drop | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Awards Program | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Job Listings |
| <input type="checkbox"/> Regional & National PRSA Events | <input type="checkbox"/> Treasurer |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Diversity Initiatives |
| <input type="checkbox"/> Young Professionals | <input type="checkbox"/> Second Thursdays |
| <input type="checkbox"/> Assign me to a committee. | |



www.prsasf.org