



Membership Application

Return completed application to your
local FPRA Chapter
Member Services Director

YOUR CURRENT RESUME MUST ACCOMPANY THIS APPLICATION.

New Member Previous Member Employment Change Membership Category Change

Gender and Ethnicity are optional categories. This information is included in our database for FPRA use only. Total years of public relations experience _____

Gender: Male Female Ethnicity: Caucasian African American Hispanic Asian Other: _____

The following information is used in establishing your computer data base record. Please type or print using one character or space for each blank provided.

Name: _____

Title: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Specialty (check one):

- Agency
- Association
- Corporate
- Counselor
- Education
- Financial
- Government
- Health Care
- Not-for-Profit
- Tourism
- Utility
- General
- Other _____

Attach your current resume to this application

Immediate Supervisor: Name: _____ Title: _____

Phone: _____ Length of tenure in current position: _____ to _____

Nature of organization's business or activity: _____

Briefly describe your current responsibilities: _____

Voting Membership	<p><input type="checkbox"/> Individual Professional: Individuals professionally qualified by education or experience, who devote at least 50 percent of their working time to public relations activities and pay their own dues. The membership belongs to the individual.</p> <p><input type="checkbox"/> Institutional Professional: Any organization, corporation, governmental agency or similar institution may join and appoint representatives who are professionally qualified by education or experience and devote at least 50 percent of their working time to public relations activities. The organization pays the dues and owns the membership.</p>	<p><input type="checkbox"/> Multiple Professional Institutional: Any organization, corporation, governmental agency or similar institution may join and appoint several representatives who are professionally qualified by education or experience, devote at least 50 percent of their working time to public relations activities and are employed in the same location (building). In addition to lower annual dues, multi-professional members are eligible for lower annual conference registration fees. The organization pays the dues and owns the membership.</p> <p><input type="checkbox"/> Retired Professional Membership: Any professional member who has retired from the full-time practice of public relations for profit and has reached 62 years of age or more, shall be eligible for retired professional membership.</p>
Non-Voting Membership	<p><input type="checkbox"/> Allied: Any person, either as an individual or representative of a firm or corporation, interested in the activities of the association and in an allied field of the public relations profession, is eligible for allied membership. As with professional memberships, if the individual pays the dues, he or she owns the membership. If an organization pays, the membership belongs to the organization.</p>	<p><input type="checkbox"/> Associate: A person professionally or academically qualified for professional membership, but who is temporarily not actively engaged in a public relations position. This membership is available for a maximum of one year.</p> <p><input type="checkbox"/> Student: Full-time students enrolled in accredited institutions of learning and interested in public relations. Student memberships run from September 1 - August 31. Students are not required to submit a resume; however, it is recommended.</p>

Florida Public Association Code of Ethics

As a member of the Florida Public Relations Association, I subscribe to the belief that inherent in the practice of public relations is the obligation of a public trust which requires of these principles that a member shall:

1. Conduct his or her professional life in accord with the public interest.
 2. Exemplify high standards of honesty and integrity while carrying out dual obligations to a client or employer and to the democratic process.
 3. Deal fairly with the public, with past or present clients or employers and with fellow practitioners, giving due respect to the ideal of free inquiry and to the opinions of others.
 4. Adhere to the highest standards of accuracy and truth, avoiding extravagant claims for ideas and words borrowed from others.
 5. Not knowingly disseminate false or misleading information and shall act promptly to correct erroneous communications for which he or she is responsible.
 6. Not engage in any practice which has the purpose of corrupting the integrity of channels of communication or the processes of government.
 7. Be prepared to identify publicly the name of the client or employer on whose behalf any public communication is made.
 8. Not use any individual or organization professing to serve or represent an announced cause, or professing to be independent or unbiased, but actually serving another or undisclosed interest.
 9. Not guarantee the achievement of specified results beyond the members direct control.
 10. Not represent conflicting or competing interests without the express consent of those concerned, given after a full disclosure of the facts.
 11. Not place himself or herself in a position where the members personal interest is or may be in conflict with an obligation to an employer or client, or others, without full disclosure of such interests to all involved.
 12. Not accept fees, commissions, gifts or any other consideration from anyone except clients or employers for whom services are performed without their express consent, given after a full disclosure of the facts.
 13. Scrupulously safeguard the confidences and privacy rights of present, former, and prospective clients or employers.
 14. Not intentionally damage the professional reputation or practice of another practitioner.
- Approved in 1987 as proposed by the North American Public Relations Council (NAPRC), replacing 1959 code of ethics.

FPRA Membership Dues

Category	If you join FPRA between:				
	Nov – Jan	Feb – Apr	May – July		Aug – Oct
			½ year	1½ year	1¼ year
Individual Professional	\$150.00	\$112.50	\$75.00 or	\$225.00*	\$187.50*
Institutional Professional	\$150.00	\$112.50	\$75.00 or	\$225.00*	\$187.50*
Multi-Institutional Professional (first member)	\$150.00	\$112.50	\$75.00 or	\$225.00*	\$187.50*
Each Additional member	\$140.00	\$115.00	\$70.00 or	\$210.00*	\$175.50*
Allied Individual/Institutional	\$150.00	\$112.50	\$75.00 or	\$225.00*	\$187.50*
Enter your dues amount here				or	
Plus \$35 processing fee for each new member	+ \$35.00	+ \$35.00	+ \$35.00	+ \$35.00	+ \$35.00
<i>* Dues include next fiscal year</i>					
Total Amount Enclosed					

(The FPRA membership year ends October 31st.)

Associate Membership (no processing fee required)	\$52.50 (Membership limited to one year from date of joining.)
Student Membership (no processing fee required)	\$25.00
Retired (no longer employed)	\$15.00

Payment

Credit Card: Name on Card: _____ Exp. Date: _____ / _____
 Visa MC Discover AMEX Card Number: _____ 3/4 Security code on back/front: _____
 Address where statement is received: _____ Zip Code: _____
 OR _____ Please call me for my credit card information at this number: _____ (provide best phone number to reach you)

I hereby apply for membership in the Florida Public Relations Association. I certify that I spend more than 50 percent of my working time in public relations activities if I am applying as a voting member. I further pledge, if accepted, to abide by the FPRA Code of Ethics. My payment (check/credit card) for the appropriate amount is included.

Applicant's Signature: _____ **Date:** _____

Statement of Sponsors

As a member in good standing of FPRA, I have read this application, talked with the candidate, familiarized myself with the candidate's activities and reputation and affirm that the candidate meets all requirements for membership.

Signature of Sponsor: _____ Date: _____
 Sponsor's Name (type or print): _____ Phone Number: _____

Signature of Sponsor: _____ Date: _____
 Sponsor's Name (type or print): _____ Phone Number: _____

Chapter: _____ Date received by chapter: _____ Amount paid: _____

Chapter Board Action: Approved Disapproved Date: _____

Application must include sponsors' signatures and your current resume, and must be approved by your local chapter before forwarding to the FPRA State Office. If you are unsure of your local chapter address, please contact the FPRA State Office at 941.365.2135, or check the FPRA Web site (www.fpra.org).