

Public Relations Association of Louisiana – New Orleans Application for Membership

Eligibility: An individual who is of established professional standing in public relations shall be eligible for membership. Interpretation of this requirement shall be vested in the New Orleans Chapter Board, which shall be guided by the nature of the applicant's occupational duties if responsibility for public relations activities is not indicated by the applicant's job title. The board shall be guided by the precepts of the association as stated in the association's constitution and by-laws. **Memberships are based on the current calendar year, are on an individual basis and are not transferable to another individual.**

Rights and privileges: Each chapter member, regardless of category, shall enjoy all benefits and participation in PRAL, including membership in the Louisiana State PRAL Association and the Southern Public Relations Federation (SPRF). All chapter members shall be entitled to a Certificate of Membership, and each member who has paid current dues shall be eliqible to vote and hold office.

Name	Date
Title	Company
Business Address	
Email	Business Phone
Educational Background	
Years in the PR field:(exclude journalism/broadca	sting):
Please list any accreditations/designations you ha	ve received:
Are you interested in pursuing APR:	□ No □ Would like more information
	in your current position:
Please list any other affiliations or organizations t	o which you belong:
Were you referred by a current PRAL NOLA mem	per? If yes, who?
The membership fee is \$75 for the calendar year transferable. Please make check payable to PRAL ☐ Enclose a check for \$75 ☐ Will pay online	
	toward a public relations degree are eligible for a student membership f enrollment is required. Please make check payable to PRAL NOLA.
	for membership in the New Orleans Chapter of the Public Relations the accuracy of the information contained in this application, pledge to pport to its objectives.
Signature of Applicant:	Date:
Vice-President of Membership:	Date:

Please mail application and dues to: