



40 Sarasota Center Blvd., Ste. 107 • Sarasota, FL 34240
 Ph: (941) 365-2135 | F: (941) 906-1556
 www.fpra.org | state@fpra.org

**Your FPRA membership expires on October 31, 2019.
 Please return renewal form with your payment
 by October 31, 2019.**

Memberships may be renewed online at www.fpra.org

PLEASE INDICATE YOUR LOCAL CHAPTER:

- | | |
|--|--|
| <input type="checkbox"/> Capital | <input type="checkbox"/> Pensacola |
| <input type="checkbox"/> Central West Coast | <input type="checkbox"/> Southwest Florida |
| <input type="checkbox"/> Dick Pope/Polk County | <input type="checkbox"/> Space Coast |
| <input type="checkbox"/> Gainesville | <input type="checkbox"/> Tampa Bay |
| <input type="checkbox"/> Jacksonville | <input type="checkbox"/> Treasure Coast |
| <input type="checkbox"/> Lake County | <input type="checkbox"/> Volusia/Flagler |
| <input type="checkbox"/> Northwest Florida Coast | <input type="checkbox"/> Member-At-Large |
| <input type="checkbox"/> Ocala | |
| <input type="checkbox"/> Orlando Area | |

I certify that I spend 50% or more of my time in the practice of public relations. Yes No Specialty: _____

MEMBERSHIP CATEGORY (Please check one, unless you're renewing CN Membership)

- Individual Professional** (\$200 + \$50 chapter investment) **\$250.00**
Professionally qualified member with membership belonging to the individual
- Institutional Professional** (\$200 + \$50 chapter investment) **\$250.00**
Professionally qualified member with membership belonging to the paying organization
- Multi-Institutional Professional** (\$200 + \$40 chapter investment)..... **\$240.00***
**Membership belongs to the paying organization. \$240 rate for additional members from the same employer
 FIRST MEMBER AT FULL RATE OF \$250.00*
- Allied** (\$200 + \$50 chapter investment)..... **\$250.00**
Interested in the activities of the Association and in an allied field of the PR profession
- Retired** **\$20.00**
Retired from full-practice of public relations for profit and has been a member in good standing for at least five years
- Counselors' Network** (must have CPRC credential and be a professional member) **\$50.00**
- Student-to-Professional** (students entering first year in professional workforce) **\$85.00**

TOTAL AMOUNT ENCLOSED \$ _____

Membership Good Through 10/31/2020.

Renewals received after November 1, 2019 will not be processed unless accompanied by a \$25 late fee.

PAYMENT INFORMATION

Mastercard Visa Discover AmEx # _____ Exp. Date ____ / ____

Name on Card _____ Credit Card Billing Address _____

Billing Zip Code _____ Security Code (Visa/MC/Disc: 3 digits on back; AmEx: 4 digits on front) _____

THIS FORM MAY BE USED ONLY BY THE PERSON NAMED ABOVE. PLEASE USE THE LINES BELOW TO LIST ANY CHANGES (OR)

My name is not the name listed above, but I would like to join FPRA. Please send an application to me using the following:

email address _____ or call _____

Please ensure that this form, or a copy, accompanies your renewal payment.

PLEASE MAKE CHECKS PAYABLE TO: FPRA

MAIL TO: FPRA STATE OFFICE, 40 SARASOTA CENTER BLVD., STE. #107, SARASOTA, FL 34240

OR EMAIL: STATE@FPRA.ORG

2019/2020 RENEWAL