

2023/2024 **New** Membership Application

YOUR CURRENT RESUME MUST ACCOMPANY THIS APPLICATION

The following information is used to establish your membership record. Please type or print clearly.

Name: _____

Title: _____

Organization: _____

Nature of organization's business or activity (check one):

- | | | | | | |
|--------------------------------------|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Association | <input type="checkbox"/> Corporate | <input type="checkbox"/> Counselor | <input type="checkbox"/> Education | <input type="checkbox"/> Financial | <input type="checkbox"/> Government |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Retail | <input type="checkbox"/> Tourism | <input type="checkbox"/> Utility |

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Total years of public relations experience: _____

Chapter (check one):

- ☐ Capital
- ☐ Central West Coast
- ☐ Dick Pope/Polk County
- ☐ Gainesville
- ☐ Jacksonville
- ☐ Lake County
- ☐ Northwest Florida Coast
- ☐ Ocala
- ☐ Orlando Area
- ☐ Pensacola
- ☐ South Florida
- ☐ Southwest Florida
- ☐ Space Coast
- ☐ Tampa Bay
- ☐ Treasure Coast
- ☐ Volusia/Flagler
- ☐ At-Large Member

Attach your current resume to this application. In depth, professional bios are accepted in lieu of resumes.

To be eligible to join FPRA, you must spend a substantial portion of your time in one or more of the designated practice areas below or teach/administer a public relations curriculum at an accredited college or university.

Please indicate your public relations practice areas. (If unemployed, refer to your most recent position.)

- | | |
|--|--|
| <input type="checkbox"/> Community Relations | <input type="checkbox"/> Fund Development/Donor Relations |
| <input type="checkbox"/> Consumer Affairs | <input type="checkbox"/> Institutional/Corporate Advertising |
| <input type="checkbox"/> Corporate Communications | <input type="checkbox"/> Integrated Marketing Communications |
| <input type="checkbox"/> Employee Relations/Communications | <input type="checkbox"/> Media Relations |
| <input type="checkbox"/> Financial Communications/Investor Relations | <input type="checkbox"/> Public Affairs/Government Relations |

The following is not required, but does help FPRA with its planning and management efforts.

Year you were born: ☐ 1945 – 1954 ☐ 1965 – 1974 ☐ 1985 – 1994
☐ 1955 – 1964 ☐ 1975 – 1984 ☐ 1995 – 2004

ETHICS

FPRA 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 fulfillment of these principles:

- Conduct their professional life in accord with the public interest.
- Exemplify high standards of honesty and integrity while carrying out dual obligations to a client or employer and to the democratic process.
- 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.
- Adhere to the highest standards of accuracy and truth, avoiding extravagant claims for ideas and words borrowed from others.
- Not knowingly disseminate false or misleading information and shall act promptly to correct erroneous communications for which they are responsible.
- Not engage in any practice, which has the purpose of corrupting the integrity of channels of communication or the processes of government.
- Be prepared to identify publicly the name of the client or employer on whose behalf any public communication is made.
- 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.
- Not guarantee the achievement of specified results beyond members direct control.
- Not represent conflicting or competing interests without the express consent of those concerned, given after a full disclosure of the facts.
- Not place themselves in a position where their 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.
- Not accept fees, commissions, gifts or any other consideration from anyone except clients or employers.
- Scrupulously safeguard the confidences and privacy right of present, former and prospective clients and employers.
- 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 the 1959 code of ethics.

MEMBERSHIP CATEGORIES	Voting Members	<p>Individual Professional: An individual, professionally qualified by education or experience, who devotes at least 50 percent of their working time to public relations activities and pays their own dues. The membership belongs to the individual.</p> <p>Institutional Professional: An individual professionally qualified by education or experience, who devotes at least 50 percent of their working time to public relations activities, and who is representing an organization, corporation, governmental agency or similar institution. The organization pays the dues and owns the membership.</p> <p>Institutional Professional Group Discount: This per-person rate is for two or more professionals from the same department in the same organization who are professionally qualified by education or experience and devote at least 50 percent of their working time to public relations activities. Memberships belong to the paying organization. Contact the State Office if you are unsure whether you qualify for this membership.</p> <p>Retired Professional Membership: Any professional member who has retired from the full-time practice of public relations for profit and has been a member in good standing for at least five years. If at any time the member chooses to return to the full-time practice of public relations, retired membership rates would no longer apply.</p> <p>Associate: A person professionally or academically qualified for professional membership, but who is temporarily not actively engaged in a public relations profession. This membership is available for a maximum of one year.</p> <p>Student Advisor: Any faculty advisor leading an active FPRA student chapter.</p>
	Non-Voting Members	<p>Student-to-Professional Member: Any person professionally qualified by education, who has graduated within the past 12 months from an accredited college or university with a degree in the related field of public relations/communications, devotes at least 50% or more of their working time to public relations activities, and pays their own dues. This membership is available for a maximum of one year.</p> <p>Student-Member-to-Professional Member: Discounted rate for prior-year FPRA student members.</p> <p>Allied: Any person, either 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. If the individual pays the dues, they own the membership. If an organization pays, the membership belongs to the organization.</p> <p>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. Unofficial transcripts may be requested.</p>

DUES	FPRA New Membership Dues	Member Category (Check one.)	Your dues amount if you join FPRA between:			
			Nov – Jan 2023-2024	Feb – Apr 2024	May – July 2024 ½ year 1 ½ year	Aug – Oct 2024 ¾ year
		<input type="checkbox"/> Individual Professional	\$285.00*	\$214.00*	\$150.00* or \$428.00 ⁺	\$357.00 ⁺
		<input type="checkbox"/> Institutional Professional	\$285.00*	\$214.00*	\$150.00* or \$428.00 ⁺	\$357.00 ⁺
		<input type="checkbox"/> Institutional Professional Group Discount	\$275.00*	\$207.00*	\$145.00* or \$413.00 ⁺	\$344.00 ⁺
		Note: This per-person rate is for two or more professionals from the same department in the same organization. Memberships belong to the paying organization. Contact the State Office if you are unsure whether you qualify for this membership.				
		<input type="checkbox"/> Allied Individual/Institutional	\$360.00*	\$270.00*	\$180.00* or \$540.00 ⁺	\$450.00 ⁺
		<input checked="" type="checkbox"/> Plus \$65 processing fee for each new member	+\$65.00	+\$65.00	+\$65.00	+\$65.00
		Total Amount Enclosed (Make sure your one-time processing fee is included.)	_____	_____	_____	_____
		The following membership categories do not require the \$65 processing fee: <input type="checkbox"/> Associate\$70.00* <input type="checkbox"/> Student Advisor\$100.00* <input type="checkbox"/> Student\$45.00 <input type="checkbox"/> Student-to-Professional\$100.00* <input type="checkbox"/> Student-Member-to-Professional\$85.00* <input type="checkbox"/> Retired\$40.00*				
		Total Amount Enclosed _____				

* These memberships expire on October 31, 2024. ⁺ These memberships expire October 31, 2025.

PAYMENT	<input type="checkbox"/> Check made payable to FPRA enclosed
	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AmEx # _____ Exp. Date ____ / ____ Name on Card _____ Email _____ Billing Zip Code _____ Security Code (Visa/MC/Disc: 3 digits on back; AmEx: 4 digits on front) _____ <i>If you would like to be considered for a payment plan, please contact the State Office at state@fpra.org or 941-365-2135.</i>

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. 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: _____

Application must include your ☐ **current resume**, ☐ **membership dues** and ☐ **application fee**. If you have any questions, please contact the FPRA State Office at 941-365-2135 or state@fpra.org.