

# BPRS

## Black Public Relations Society of Chicago

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### APPLICATION FOR MEMBERSHIP

Membership is available in the Black Public Relations Society of Chicago to individuals interested in public relations and its related fields. **Membership is renewable yearly.**

#### PERSONAL INFORMATION

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

#### PROFESSIONAL or ACADEMIC INFORMATION

Title \_\_\_\_\_  
Company/School \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Type of Company/Sector \_\_\_\_\_  
Current Major (if applicable) \_\_\_\_\_  
Company Email Address \_\_\_\_\_  
Office Telephone Number \_\_\_\_\_

#### AREAS OF EXPERTISE

Please circle all that apply:

Public Relations/Affairs	Communications	Marketing/Marcomm
Advertising	Community Relations/Affairs	Government Affairs
Journalism	Media Relations	Special Events
Consulting	Other	

#### MEMBERSHIP LEVELS AND DUES

Please check one:

Full: Actively engaged in a full-time communications career in or closely related to public relations, \$50

Associate: One year or less out of undergrad/grad school; actively pursuing a public relations career; vendor to public relations agencies or departments, \$30

Student: Currently majoring in public relations or a related communications field at the graduate or undergraduate level with a valid student identification, \$20

Enclosed is my check for \$ \_\_\_\_\_ for a \_\_\_\_\_ membership (Write in appropriate level)

#### APPLICANT SIGNATURE

Signed \_\_\_\_\_ Date \_\_\_\_\_

Make check or money order payable to:

BPRS  
P.O. Box 42  
Flossmoor, IL 60422