

Public Relations Student Society of America

Mississippi State University Chapter
Membership Form

Name: _____

Address: _____

Phone Number: _____ Email: _____

Classification: _____ Anticipated Graduation Date: _____

Major/ Concentration: _____

Please make checks payable to **PRSSA MSU**. Dues are **\$60** for PRSSA membership and **\$85** for PRSSA and PRAM membership.
(Please fill out the PRAM membership form if paying for both.)



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