



Membership Form

Date of application _____

Name _____ Title _____

Company/Organization _____

Address _____ City/State/Zip _____

Business Phone _____ Fax _____

E-mail _____ Web site _____

____ New member ____ Renewing Member

Do you have an idea for a meeting topic? _____

Do you know a potential speaker? _____

A check for membership dues payable to PRAWNC must accompany this form. Please mail to the address below and indicate membership status.

Please select a membership:

____ Regular membership - \$50. *For individuals in business or employed full or part-time in communications, marketing or public relations.*

____ Student membership - \$20. *For college students interested in communications, marketing or public relations.*

Return this form and your dues to:

PRAWNC Membership
P.O. Box 1345
Asheville, NC 28802