



New Members & Renewing Members
Membership for 12 months starting Fall 2011

Membership Information

Name: _____

Main Phone Number _____ Secondary Number: _____

Email Address: _____

Current Address:

_____ City _____ State ____ Zip _____

Permanent Address (if different from above):

_____ City _____ State ____ Zip _____

Birthday: _____

SJSU Student Information

Major: _____ Focus/Minor: _____

Class Standing: Freshman Sophomore Junior Senior Graduate Student

Expected Graduation Date: _____ Student ID Number: _____

What are you looking for from a PRSSA membership? _____

How did you hear about PRSSA? _____

What would you like to see at the meetings? _____

Please make your \$70 annual membership dues check payable to: **PRSSA SJSU**
Submit this form and the dues to the PRSSA Mailbox in the JMC Office DBH 105
no later than October 12, 2011

