



Fall Membership Application

Personal Information	
Name	
UCF PID	
UCF NID	
Current Address	
Phone	
Knights Email	
Major/Minor	
Projected Graduation Date	

New Student Member _____ Previous Student Member _____

Male _____ Female _____

Dues	Payment *
<input type="checkbox"/> Full Year Membership** - \$50	<input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card (payment collected at the next Quotes meeting)

I hereby apply for membership in Quotes, the student chapter of the Florida Public Relations Association. I certify that my interest in FPRA is genuine and believe this membership will further my education and potential career within the public relations field. I pledge to work with the highest level of ethics and integrity. My payment (check/credit card) for the appropriate amount is included.

Students are suggested to submit a resume upon turning in their application.

Applicant Signature Date

Adviser Signature Date

**Includes Florida Public Relations Association membership

For more information, contact Madi Crites at quotesmembership@gmail.com

