

**PRSSA NATIONAL FACULTY ADVISORY COUNCIL**

**APPLICATION FORM**

Name:

University/College:

Mailing Address:

City/State/Zip:

Telephone: Email:

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| --- |
| **1) Tell us your background, qualifications, experience or motivation that would make you a good fit for this volunteer opportunity.** |
| **2) Please list all previous or current volunteer positions with PRSA, PRSSA or other professional associations.** |
| **3) Why are you interested in serving on the PRSSA National Advisory Council?** |

*By signing this form, I certify that the information submitted is completed to the best of my ability and has not been falsified in any way.* *Unsigned forms will not be accepted.*

Candidate’s Name:

Candidate’s Signature:

Date:

**This signed form must be received via email by**

**Wednesday, April 16, 2 p.m. EST.**

Email:

jeneen.garcia@prsa.org

Subject Line:

PRSSA National Faculty Advisory Council Application