



2010 National Assembly Candidate Nomination Form

Students wishing to run for a position on the PRSSA National Committee must submit the following:

- **Candidate Nomination Form** — Must be complete. Handwritten forms (except signatures) or unsigned forms will not be accepted. Changes in the size or format of this form will be grounds for disqualification. Duplicate copies and supplementary pages will not be accepted. (*Assembly Guidelines, Article II, Section A, Point 1*)
- **Essay** — Topic: Identify your favorite leader and explain your choice. 250-words, typed. (*Assembly Guidelines, Article II, Section A, Point 2*)
- **Letter of Recommendation** — One letter only, from candidate’s Chapter Faculty or Professional Advisor.

**Forms must be submitted to PRSSA Headquarters by
WEDNESDAY, FEB 3.**

Mail to PRSSA National Elections, 33 Maiden Lane, 11th Floor, New York, NY 10038
Faxed or e-mailed forms will not be accepted.

Please type. Do not alter the structure or length of this form. Keep a copy of this form for your records.

Name: _____ **School:** _____

Class: Grad Senior Junior Sophomore Freshman

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ **E-mail:** _____

Candidate for: Select a National Committee Office

National dues paid: November 2009

Specify number of courses for fall 2009: _____

Will you be enrolled in school spring 2010? yes no

National officers must be full-time students at least through fall term while serving on the committee. (PRSSA Bylaws, Article III, Section 5A)

SHORT ANSWER QUESTIONS

Please type; handwritten forms will not be accepted. Changes in the size or format of this form will be grounds for disqualification. Supplementary pages will not be accepted. (*Assembly Guidelines, Article II, Section A, Point 1*)

1. List all PRSSA experience and activities. Include dates.

2. List all experience in public relations outside, such as internships, cooperative programs and volunteer work (not including PRSSA).

3. List extracurricular activities, employment and/or volunteer work (not including PRSSA).

4. How are you qualified for this office?

5. Briefly describe your goals and platform for this office.

By signing this form, I hereby certify that the information submitted on this form and in the attached materials is completed to the best of my ability and has not been falsified in any way.

Candidate Name: _____

Candidate Signature: _____ **Date:** _____

Chapter President Name: _____

Chapter President Signature: _____ **Date:** _____

Faculty Advisor's Name: _____

Faculty Advisor's Signature: _____ **Date:** _____