

2012 National Assembly Candidate Nomination Form

Students wishing to run for a position on the 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 Faculty or Professional Adviser.

Forms must be submitted to PRSSA Headquarters by Feb. 17.

Mail to PRSSA National Elections, 33 Maiden Lane, 11th Floor, New York, NY 10038

Faxed or emailed 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

Full Address: _____

Telephone: _____ Email: _____

Candidate for: _____

National dues paid: November 2011 March 2012

Specify number of courses for fall 2012: _____

Will you be enrolled in school spring 2013? 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

Forms must be typed in Arial 10 point font. 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*). Please write lists in chronological order.

I. 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 Adviser's Name: _____

Faculty Adviser's Signature: _____ Date: _____