

MEMBERSHIP APPLICATION

CATEGORY

○ Member

On the date of application, the individual shall be employed in public relations or teach or administer a public relations course, or possess a diploma, certificate or degree in public relations.

○ Affliliate

On the date of application, the individual has been employed full time less than two years in public relations. After two years of membership at the Affiliate level, the member would be required to renew as a full member.

○ Associate

On the date of application, the individual is not employed full time in public relations, or is employed in functions partially related to public relations.

Individual Member

Name of Member Society

The applicant must live and work outside specific geographical areas and must meet the eligibility requirements as for Member.

ELIGIBILITY

 I hereby attest that I meet the eligibility requirements of the membership category selected above.

HOW TO SUBMIT

Forward the completed application form, signed by the applicant, directly to the National Office.

DUES

A cheque payable to The Canadian Public Relations Society, Inc., or credit card information covering the initiation fee, National and Member Society dues and applicable GST/HST must accompany the application.

Please type or print clearly. Note: As a result of the Federal Privacy Legislation (Bill C6), you are not obligated to provide us with your birthdate or home address.

Name	Organization/Employer			
Business Address				
Position or Title				
City	Province	Postal Code		
Email	Business Tel. () Fax ()		
Nature of organization's busine	ss or activity			
Association	○ Government—Federal	Industry/Manufacturer		
○ Charitable/Non-Profit	○ Government—Municipal	○ PR Agency/PR Consultant		
Crown Corporation	○ Government—Provincial	○ Service		
○ Education	○ Government—Regional	Utility		
O Financial Services	O Health	O Private Sector, Other		
Other (specify)				
Date of birth (DD/MM/YY)	Language of Society Mailings: English French			
Home Address				
City	Province	Postal Code		
Email	Business Tel. () Fax ()			
Address to be used for CPRS mailing	ngs & Directory listing:	Home		
Referred by				

Member Society	/			From	То
EDUCATIONA	L BACKGROUNE)			
Please provide of					
	Years (YY-YY)	Institution		Program	
High School					
College					
University					
Post-Graduate					
INFORMATION	N ON PRESENT F	POSITION			
		your current public rel	ations responsibilities.		
·	•		·		
Length of tenure	e in your present p	osition:		From (MM/YY) to present	

Yes

No

Have you ever been accepted for membership in CPRS before?

Note: For security reason, never email credit card information. If y If you wish to email the form, do so without credit care information	you wish to provide your card number, print then mail or fax this form in. In then call the national office afterwards to provide it.
Signature	
Card #	Expiry date
Name on credit card	
Membership dues may be paid by ○ Visa ○ AMEX ○ M	astercard
Signature of Applicant	Date
I agree to accept the Society's decision regarding this application for membership.	I agree to receive electronic communications from The Canadian Public Relations Society, Inc. which may include bur is not limited to newsletters and communications about CPRS events and activities and acknowledge that I may withdraw my consent at any time by contacting unsubscribe@cprs.ca
	and Bylaws and Regulations as established by the Society.

Date



Recommended Accreditation Eligibility

STATEMENT OF APPLICANT

