

Nigerian Institute of Public Relations

(Established in 1963 and chartered by Decree .16 of June 1990)



Professionalism & Excellence
(Established in 1963 Chartered by Decree 16 of June, 1990)
Member of

GLOBAL ALLIANCE
for public relations and communication management

(Established 1963 and Chartered by Decree 16 of June, 1990)
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APPLICATION FOR CAPITAL CHAPTER MEMBERSHIP

IMPORTANT: PLEASE READ THE ATTACHED GUIDELINES NOTES BEFORE COMPLETING THE FORM AND SUBMIT COPIES OF CREDENTIALS.

PART A

I.....
hereby apply for the upgrading of my membership of the Nigerian Institute of Public Relations and attest to the accuracy of the information contained in this application. I agree to accept the Institute's decision regarding this application. I also agree to submit any further evidence that may be required and to attend a personal interview, if so invited. If Upgraded, I agree, to do all my power to remain and enhance the prestige of public relations practice and to adhere to the Code of Ethics.

Dated this..... day of..... 20..... Signed.....

GSM No:.....E-mail Address.....

PLEASE NOTE THAT THIS FORM BECOMES INVALID IF YOU DO NOT RETURN IT WITHIN ONE YEAR FROM THE DATE OF PURCHASE.

SURNAME OF APPLICANT: _____

FIRST & MIDDLE NAME: _____

DATE OF BIRTH & AGE: _____

JOB TITLE/POSITION HELD: _____

DATE APPOINTED: _____

RESPONSIBLE TO: _____

ORGANIZATION: _____

BUSINESS ADDRESS (LOCATION AND POSTAL) _____

NATURE OF ORGANISATION'S BUSINESS OR ACTIVITY: _____

DO YOU DEVOTE SEME/ALL YOUR TIME TO PUBLIC RELATIONS PRACTICE: _____

EXPLAIN NATURE OF DUTIES: _____

IS YOUR PUBLIC RELATIONS WORK RECOGNISED BY YOUR ORGANIZATIONS AS YOUR PRIMARY FUNCTION? _____

CURRENT GRADE OF MEMBERSHIP IF YOU ARE TRANSFERRED MEMBER: _____

DATE ELECTED TO THAT GRADE: _____

QUALIFICATIONS/MEMBERSHIP OF PROFESSIONAL BODIES

PART B

History of Applicant: Appointments since last application (in chronological order)

For NIPR Use Only	Dates (Month and Year)	Organisation and Address (Location and Postal)
	From:.....	
	To:.....	Telephone no:

Appointment and to whom reporting:

Specific public relations duties:

For NIPR Use Only	Dates (Month and Year)	Organisation and Address (Location and Postal)
	From:.....	
	To:.....	Telephone no:

Appointment and to whom reporting:

Specific public relations duties:

PART C

Other Relevant Information:

**FOR NIPR OFFICIAL USE ONLY
STATE CHAPTER RECOMMENDATION**

Name of Chapter

Grade recommended for applicant:.....

Name in capital letters:Signature & Date:.....

Office held in Chapter:.....

Membership Grade:.....Organisation:.....