

Nigerian Institute of Public Relations

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



www.nipr.org.ng
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APPLICATION FOR MEMBERSHIP

**IMPORTANT: PLEASE READ THE ATTACHED GUIDELINES NOTES
BEFORE COMPLETING THE FORM:
Part A AND ALSO ENCLOSE COPIES OF YOUR CREDENTIALS.**

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.

INSTITUTE RECORD

Date Application Recorded:
.....
Registration Fee Paid & Receipt
No:.....
Admitted:.....
On.....
Transferred:.....

SURNAME OF APPLICANT:.....

FIRST & MIDDLE NAME:.....

DATE OF BIRTH & AGE:.....

ORGANISATION:.....

BUSINESS ADDRESS (LOCATION AND POSTAL):.....

NATURE OF ORGANISATION'S BUSINESS OR ACTIVITY:.....

YOUR POSITION IN THE ORGANISATION:.....

RESPONSIBLE TO:.....

TENURE IN THIS POSITION FROM:.....

DO YOU DEVOTE SOME/ALL YOUR TIME TO PUBLIC RELATIONS PRACTICE?.....

EXPLAIN NATURE OF DUTIES:.....

IS YOUR PUBLIC RELATIONS WORK RECOGNIZED BY YOUR ORGANIZATION AS YOUR PRIMARY FUNCTION?.....

EDUCATIONAL BACKGROUND (STATE SCHOOL, COLLEGES, UNIVERSITY ATTENDED WITH DATES):.....

Part B - History of Applicant: Please list your appointments over the last 10 years starting with your current post:

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:

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 C1 - Academic & professional Qualifications with dates & awarding institutions:

Part C2 - Membership of (other) Professional bodies with date & Grades:

Part D Experience - Detail how the items relate to your current or/and previous appointments and the number of years of experience in each case (a continuation sheet may be used)

1. Publications (books and other published works)

2. Print production

3. Film or audio-visual work

4. Exhibition and display

5. Advertising

6. Media relations

(a) Press

(b) Radio

(c) Television

7. Conferences and Seminars

8. Parliamentary liaison

9. Federal, State and Local Government liaison

10. Relations with special interest groups

11. Relations with industry and commerce

12. Community relations

13. International relations

14. Employee relations

15. Consumer and dealer relations

16. Financial and shareholder relations

17. Research

18. Communication from and about the public to your employing organisation

19. Planning, budgeting and managing public relations programmes

20. Formulating public relations policies

Part E - Endorsement

I have read the statement made by the applicant which are to the best of my knowledge and belief correct. I have studied the guidance notes and from my present knowledge consider that the applicant's qualifications warrant consideration being given by the Membership Committee and by the council to his/her admission to the Grade I have indicated.

I hereby vouch as the good character and general suitability of the applicant. I further agree to provide the Membership Committee with any further guidance it may require

1ST SPONSOR:

Grade recommended for applicant:.....

No. of year you have known applicant:.....

Name of Sponsor in capital letters:.....

Organization:.....

Membership Grade & Date:.....

Signature & Date:.....

2ND SPONSOR:

Grade recommended for applicant:.....

No. of year you have known applicant:.....

Name of Sponsor in capital letters:.....

Organization:.....

Membership Grade & Date:.....

Signature & Date:.....

All applicants must be accompanied by a remittance covering the Registration Fee and the Annual Subscription appropriate to the particular category of membership should be paid upon admission

Amount forwarded in Cash/Cheque (if in cheque, quote Bank & cheque No.).....

**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:.....

MEMBERSHIP & ACCREDITATION COMMITTEE

Date processed:.....

Admitted/Rejected or Deferred (with reasons):.....

If admitted state Category:.....

Name & Signature of CHAIRMAN:.....

Name & Signature of Secretary:.....

Other Comments:.....

.....

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NATIONAL PRESIDENT REMARKS: