



PUBLIC RELATIONS SOCIETY OF THE PHILIPPINES

MEMBERSHIP APPLICATION FORM

The PRSP welcomes your application for membership. Please accomplish this application form, attach a 2x2 ID photo, and submit to:

The PRSP Secretariat
Unit 710, Makati Cinema Square Tower
Don Chino Roces Ave., Pio Del Pilar
Makati City
Tel. No. 751-4506 / 623-9479
Email: secretariat@prsp.ph

Personal Information

Please tick one ___ Mr. ___ Ms. ___ Mrs. Others (pls. specify) _____

1. Family Name

2. First Name (and MI)

3. Home Address:

4. Phone: _____ Mobile: _____ Email: _____

5. Civil Status _____ Name of Spouse _____

6. Date of Birth: Day _____ Month _____ Year _____

Professional Experience

7. Company / Organization:

8. Present Position:

9. Type of Industry:

10. Business Address:

11. Phone: _____ Fax: _____ Email: _____

12. Previous Work Experience

| Position | Company | Year |
|----------|---------|------|
| | | |
| | | |
| | | |

13. Total number of years of experience in public relations: _____ years

14. PR career highlights (Pls. indicate awards/citations/published works/teaching experience, etc.)

15. Please check the areas in which you have: (1) the greatest amount of experience and (2) interest in learning more (maximum of 3 selections per column)

| Description | (1) | (2) |
|----------------------------|--------------------------|--------------------------|
| PR Strategy | <input type="checkbox"/> | <input type="checkbox"/> |
| Issues Management | <input type="checkbox"/> | <input type="checkbox"/> |
| Stakeholder Management | | |
| ▪ Government relations | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Media relations | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Community relations | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Investor relations | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Civil society relations | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication Management | | |
| ▪ External communication | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Brand management | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Internal communications | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Marketing communications | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Crisis communications | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Events management | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ PR measurement | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ PR coaching | <input type="checkbox"/> | <input type="checkbox"/> |

16. Please send PRSP communication to: Business Address Home Address

17. How did you learn about PRSP?

18. Are you a member of any other public relations organization? Yes No

If yes, please indicate the name of the organization:

19. Other professional / civic affiliations

Academic Background

| School | Degree Completed | Inclusive Date |
|--------|------------------|----------------|
|--------|------------------|----------------|

20. Post-graduate

21. Under graduate

I attest to the accuracy of the information that I have provided. I have read and understand the PRSP Code of Ethics and pledge to adhere to this code, to comply with the by-laws, and at all times to maintain and enhance the prestige of the practice of public relations.

(Signature over printed name)

(Date)

Sponsor:

For PRSP use only:

Membership Committee - Comments / Action:

MS. LOURDES DE GUZMAN, APR
Membership Committee Chair

PRSP Board of Directors - Comments / Action:

MS. ANGELICA M. DALUPAN, APR
PRSP President

| | | |
|--------------|------------------|--------------------|
| FEES: | REGULAR | P 10,000.00 |
| | ASSOCIATE | P 5,000.00 |