

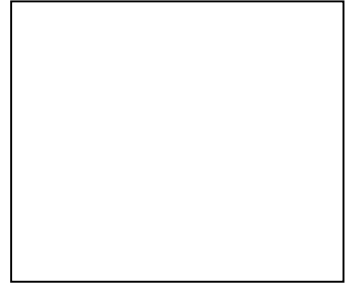


# PUBLIC RELATIONS SOCIETY OF THE PHILIPPINES

## 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 / 0917-5995072  
Email: secretariat@prsp.ph



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### 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 \_\_\_\_\_

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### 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.)

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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?

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

If yes, please indicate the name of the organization:

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19. Other professional / civic affiliations

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**Academic Background**

School	Degree Completed	Inclusive Date
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20. Post-graduate

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21. Under graduate

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*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:

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For PRSP use only:

Membership Committee - Comments / Action:

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**MR. NESTOR ERIC T. SEVILLA, APR**  
Membership Committee Chair

PRSP Board of Directors - Comments / Action:

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**MS. NERISSA V. RONQUILLO, APR**  
PRSP President

**FEES:**

REGULAR	P	10,000.00
ASSOCIATE	P	5,000.00