

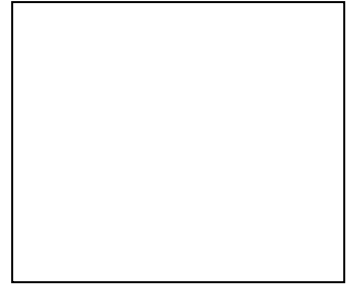


PUBLIC RELATIONS SOCIETY OF THE PHILIPPINES

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



Personal Information

Please tick one Mr. Ms. Mrs.

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
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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 Professional Standards, 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. MA. ROSARIO L. LAGAMON
Membership Committee Chair

PRSP Board of Directors - Comments / Action:

MR. ANDRES B. SARACHO, APR
PRSP President

FEES: REGULAR P 10,000.00