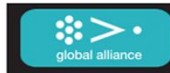


Member of:



**GLOBAL ALLIANCE**  
for public relations and communication management



*Professionalism & Excellence*

www.nipr.org.ng

National Secretariat

Plot A4, A.R.O Plaza, 2015

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Zone 6, Wuse, Abuja

0701 038 3277, 0909 436 7076

Lagos Office:

Plot 4, Adeniji Estate, (Praise House)

Off Odusanmi Street, Off Wemco Road,

By Ay Hotel, Ogba Lagos.

Tel: 0808 130 2618, 0818 243 6770

## APPLICATION FOR UPGRADING OF MEMBERSHIP

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

### PART A

Please submit copies of additional credentials since last application.

I, \_\_\_\_\_ Hereby apply for the upgrading of my membership of the Nigeria 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 personal interview. If so invited. If upgraded. I agree to do all my power to maintain and enhance the prestige of public relations practice and to adhere to the Code of Ethics. Dated this.....day of.....20..... Sign.....  
GSM No.....E-mail.....

### INSTITUTE RECORD

Date Application Recorded \_\_\_\_\_

N5,000.00 Upgrading Fee Paid &

Receipt No: \_\_\_\_\_

Date Present Grade: \_\_\_\_\_

Upgraded : \_\_\_\_\_ On: \_\_\_\_\_

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 Names: \_\_\_\_\_

Date of Birth & Age: \_\_\_\_\_

Job title/Position Held: \_\_\_\_\_

Date Appointed: \_\_\_\_\_

Responsible to: \_\_\_\_\_

**PASSPORT  
PHOTOGRAPH**

Organization: \_\_\_\_\_

Business Address (Location and Postal) : \_\_\_\_\_

Nature of Organization's Business or Activity: \_\_\_\_\_

Turnover of your Organization: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Number of Employees in your Dept/Section/Unit: \_\_\_\_\_

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? \_\_\_\_\_

Current grade of membership: \_\_\_\_\_

Date elected to that grade: \_\_\_\_\_

Additional Qualifications/Membership of Professional Bodies Since Last Application

REASON WHY YOU SHOULD BE UPGRADED:

**PART B**

Hereby of Application: Appointments since last application (in chronological order)

For NIPR USE ONLY	Dates (Month and Year)	Organization and Address (Location and Postal)
	From: .....	
	To: .....	Telephone no:

Appointment and to whom reporting:

Special public relations duties:

For NIPR USE ONLY	Dates	Organization and Address (Location and Postal)
	(Month and Year)	
	From:.....	
	To:.....	Telephone no:

Appointment and to whom reporting:

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Special public relations duties:

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**PART C**

Other Relevant Information:

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**PART D – ENDORSEMENT**

I have read the statement made by the applicant which is to the best of my knowledge and belief correct. I have studied the guidance notes from my present knowledge consider that the applicant’s qualification warrant consideration being given by the Membership Committee by the Council to his/her Membership being upgraded.

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

All application must be accompanied by a remittance covering the Upgrading Fee (5,000.00) 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 \_\_\_\_\_

New Grade Recommended for Applicant: \_\_\_\_\_

Name in Capital Letters: \_\_\_\_\_

Signature & Date \_\_\_\_\_

Office Held in Chapter: \_\_\_\_\_

Membership Grade: \_\_\_\_\_ Organization \_\_\_\_\_

## MEMBERSHIP & ACCREDITATION COMMITTEE

Date Processed: \_\_\_\_\_

Admitted/Rejected or Differed (with reasons): \_\_\_\_\_

If admitted, state Category: \_\_\_\_\_

Name & Signature of Chairman: \_\_\_\_\_

Name and Signature of Secretary: \_\_\_\_\_

Other Comments: \_\_\_\_\_

## PRESIDENT'S REMARKS:

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