

**COLLEGE OF FELLOWS
APPLICATION FOR MEMBERSHIP**



**The Canadian Public
Relations Society, Inc.
La Société canadienne
des Relations publiques, Inc.**

Name _____
Title _____
Organization _____
Street address _____
City, Province, Postal Code _____
Telephone _____
Fax _____
E-mail _____
Member Society _____
Year PR career began _____
Date of accreditation _____
Post secondary education _____

Name, address, telephone and fax number of individuals who will be providing supporting letters of recommendation. *Letters are to be sent directly by the sponsors to the Executive Director, CPRS National Office, 4195 Dundas St. West, Suite 346, Toronto, ON M8X 1Y4.*

1. _____

2. _____

3. _____

4. _____

5. _____

Submitting this application for membership in the CPRS College of Fellows I declare the information and supporting materials are true and accurate.

If I am elected to membership I agree to serve the College, if requested, by performing tasks intended to advance the state of the profession and by maintaining my active CPRS membership.

Signature _____
Date _____

Please submit your application, duly filled and accompanied by the prescribed support documentation and a \$50.00 fee to The College of Fellows, c/o the Executive Director, Canadian Public Relations Society Inc., 4195 Dundas St. West, Suite 346, Toronto, ON M8X 1Y4.