

COLLEGE OF FELLOWS
APPLICATION FOR MEMBERSHIP



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 five sponsors who will be providing supporting letters of recommendation. Two letters must be from fellow APR practitioners and three letters from former or current employers or clients. *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 \$125.00 fee + HST 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.