



APRA MEMBERSHIP APPLICATION

Please use block letters

Section 1: Your membership grade

NATIONALITY

I APPLY FOR:

Corporate membership

Associate membership

Senior membership

Student membership

Section 2: Your contact details

Title _____ Surname _____

Forename: _____ Date of Birth _____

Business/Employer's Address _____

Job Title _____

Name of Organisation _____

Address _____

Postcode _____ Country _____

Employer's Telephone _____ Home Telephone _____

Employer's Fax _____ Mobile _____

Employer's email _____ Personal email _____

EMAIL ADDRESS _____

Country _____

Do you work: Freelance Consultancy In-house Not working

How is your membership funded? Self-funded Paid by my employer Part paid by Self/Employer

Section 3: Academic Qualifications

1. Title of qualification _____

Institution: _____ Date completed _____

2. Title of qualification _____

Institution: _____ Date completed _____

3. Title of qualification _____

Institution: _____ Date completed _____

Section 4: Your Public Relations and Communications Experience

In order for us to assess your application, kindly list the details of 4 most recent and relevant public relations roles. Continue on a separate sheet if necessary and attach a current one page CV

1. Job title _____

Organisation _____

Brief description of your Public Relations responsibilities _____

2. Job title _____

Organisation _____

Brief description of your Public Relations responsibilities _____

3. Job title _____
 Organisation _____
 Brief description of your Public Relations responsibilities _____

3. Job title _____
 Organisation _____
 Brief description of your Public Relations responsibilities _____

Section 5a: Membership Dues

Grade	Dues	Application Fee
Corporate Member	\$500	+ \$50
Senior Member	\$200	+ \$50
Associate Member	\$100	+ \$50
Student	\$50	+ \$50

Section 5b:

I have attached a cheque/draft of \$ _____ With this application
 I have paid \$ _____ to the designated bank account (forward deposit slip)

Section 6: Your Signature

I confirm that the information given in this application is correct and agree to abide by the APRA Code of Conduct.
 I give my consent for any information that I give to be used for publication print or electronic in a directory of members.

Signature _____ Name _____
 Date _____

Section 7: National Association Endorsement

I confirm that _____ (Applicant's Name)
 _____ (Membership Grade) of the _____ (National Association)
 has fulfilled all his/her obligations to our national chapter and his/her application is hereby recommended for processing.

Signature _____
 President

 Name

 Date

Signature _____
 Registrar

 Name

 Date

 Official Stamp

OFFICE USE

Experience _____ Grade _____ Payment _____ Member's Number _____ Date _____