

NIGERIAN INSTITUTE OF PUBLIC RELATIONS

(Established in 1963 and Chartered by Decree 16 of June 1990)

MEMBER OF



FELLOWSHIP APPLICATION FORM

SECTION A

1. Surname _____ Other names _____
2. Current Chapter _____ Practice ID _____ **(Please affix a copy of your NIPR Membership certificate to this form)**
3. Current Chapter Membership from _____ To _____
4. Previous Chapter Membership from _____ To _____
5. induction Date _____
6. Membership Upgrade Date _____
7. Email _____
8. Telephone _____ WhatsApp _____
9. Other associations you belong to:

10. Schools attended with Qualifications

11. Publications or Papers presented (with dates and purpose)

12. Job profile: current employer or occupation, (with date & job titles)

13. Other positions held (with dates & employers)

Candidate's Signature _____ Date _____

SECTION B (To be filled by Chapter Chairman & candidate as may apply)

17. Name of Chapter Chairman _____

18. Chapter and Date elected _____

19. Participation of candidate in chapter's activities over 10 years: please tick in the section applicable
To be completed by Chapter Chairman

	ACTIVITY	REGULAR	AVERAGE	BELOW AVERAGE
Participation each year		Over 50%	50% Level	Below 50%
A	Chapter Meeting			
B	Chapter AGM			
C	Workshop			
D	Other events			

20. Candidate's service record at Chapter level
To be completed by candidate

CHAPTER	POSITION	YEAR

Confirmation by Chapter

21. Candidate's Financial Status in the Chapter _____

22. State briefly as Chairman, your reasons for supporting candidate's application

Chairman's signature _____ Date _____

SECTION C (To be filled by candidate and National secretariat as applicable)

23. Participation in national events over 5 years: Please tick in the section applicable
To be completed by candidate

National Conference/AGM
Workshop/Summit (state with years) i. ii. iii. iv. v vi vii

24. Verification of Participation by the National Secretariat _____

Candidate's Financial Status _____

Registrar's Signature _____

SECTION D Endorsement by Fellows of NIPR

i.
Name _____
Chapter _____ Practice ID _____
Reason for endorsing Candidate

Signature _____ Date _____

ii.
Name _____
Chapter _____ Practice ID _____
Reason for endorsing Candidate

Signature _____ Date _____