

MEMBERSHIP APPLICATION FORM

We, being engaged in the practice of public relations consultancy (Note 1) desire to become a member of the Public Relations Consultants Association of Nigeria; We agree, if elected, that we will perform, observe and be bound by all the provisions of the Memorandum and Articles of Association and Bye-laws, and rules and regulations of the Association’s Code of Consultancy practice.

We undertake that our directors and staff will adhere to this code.

We undertake that no activities will be proposed to or undertaken on behalf of clients (Note 2), which could be demonstrated to be against the public interest or Public relations consultancy practice at large.

We declare the following particulars to be correct and in the event of changes rendering invalid at any time of the information given hereunder, or of our business ceasing to be qualified as a member; we undertake, if elected, to advise the Association forthwith.

Signatures(s): Designation: Name:

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In the case of Partnership all the partners must sign

In the case of a limited company, the signatures of two directors are required

1. Name of Consultancy:

2. Address:

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3. Telephone: Email:

Website:

4. Number of Employees:

5. If Sole Proprietor, name and details of Professional experience:

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6. Range of Services offered and particular specialization:

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7. Has any newspaper, news agency, broadcasting company or any partner in any firm or director of any company that owns or controls a newspaper or news agency, broadcasting company directly or indirectly, any financial interest in your business?

(Tick)

 YES NO

7b. Name any clients for whom you carried out assignments during the year, but whom you do not serve on a continuing basis.

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8. Retained annually by:

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9. Band of Annual Income in which clients are served:

10. The three main categories in which clients are served:

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11. If part of a group of companies, name of parent or principal company:

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12. Details of Partners/Directors:

13. Holders of Public Office:

14. Subsidiary of Companies:

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15. Associate Companies:

16. Sponsor's Name & Signature (PRCAN member firm's CEO):

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17. Company's Representative (Head of Agency) Name, Designation & Signature:

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Email:

Tel:

18. Beside the head, name 2 Company's Representatives to liaise with / participate in PRCAN activities:

i. Name: Designation.....

Email:.....

ii. Name: Designation.....

Email:.....