

**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 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, at [executivedirector@cprs.ca](mailto:executivedirector@cprs.ca).*

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 \$175.00 fee + HST to The College of Fellows, at [executivedirector@cprs.ca](mailto:executivedirector@cprs.ca)**