



PHILIPPINE ASSOCIATION OF PROFESSIONAL SPEAKERS, INC.

# Philippine Association of Professional Speakers, Inc.

www.speakers.ph | 1745 Dian St., Palanan Village, Makati City

## APPLICATION FOR MEMBERSHIP

To be filled up by PAPS Secretariat	Application No:	Date (MM/DD/YY)
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Membership Type (Please check one)	<input type="radio"/> Academy <i>(Students, aspiring professional member)</i>	<input type="radio"/> Professional <i>(Earns all or a portion of income from paid speeches)</i>	<input type="radio"/> Professional Affiliate <i>(Offers products or services to members)</i>
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Gentlemen:

I hereby express my desire to apply as a MEMBER of the Philippine Association of Professional Speakers, Inc. (PAPS). I pledge to abide by its Constitution, By-laws, and Code of Professional Ethics. I am also aware of my financial obligation to the Association, such as membership meeting fees, annual membership fees, seminar fees, annual conference fees, and similar fees; which I pledge to remit on or before their due.

I understand that my membership requires my regular attendance to the Association meetings and other functions, and I pledge my active participation and involvement in these activities and undertakings.

Very truly yours,

Recent Photo

\_\_\_\_\_  
Printed Name & Signature

\_\_\_\_\_  
Company Affiliation (if any)

\_\_\_\_\_  
Position

### Personal Information

Name (Last Name, First Name, Middle Name)		Gender
Date of Birth (MM/DD/YY)	Place of Birth	Civil Status
Home Address		Tel. No:
		Fax No: (If any)
Email Address		Mobile No:

### Professional Speaking Background/Professional Services/Products

Subject/s of Expertise / Nature of Business	Avg no. of talks per month	Year Started
Client Name		Fee
Contact No.	Location of Speech	Date
Client Name		Fee
Contact No.	Location of Speech	Date
Client Name		Fee
Contact No.	Location of Speech	Date

## Work

Business / Company Name	Position / Designation	Year Covered

## Education

Level	Institution Name	Degree	Year
Collegiate			
Graduate Studies			
Post-graduate studies			
Ongoing studies			

## Professional Affiliation / Membership

Organization Name	Position	Year

## Awards / Recognition

Title of the Award / Recognition	Awarding Organization	Year

## References

Name	Relationship	Mobile No.
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I hereby certify that the information given above are TRUE and COMPLETE to the best of my knowledge and I hereby authorize the Philippine Association of Professional Speakers, Inc. (PAPS), or its representatives, to verify the veracity of the information provided.

I hereby waive any cause of action or complaint that I may have against PAPS and/or any of its members in connection with any action or decision arising out of this application for Professional Membership.

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Date