



INSTITUTE OF
PUBLIC RELATIONS
GHANA
Image Is Everything

2025 ACCREDITATION REGISTRATION FORM

COHORT I

Name: _____

Email: _____

Mobile Number: _____

Address: _____

Organization: _____

Designation: _____

Membership Category: _____ Number: _____

1. Are you in good standing? Yes No (Tick)

2. What level are you registering for? Level I Level II Level III (Tick)

3. State your academic qualification, year obtained and institution that awarded the certificate

NAME OF CERTIFICATE	YEAR OBTAINED	AWARDING INSTITUTION
1.		
2.		
3.		
4.		
5.		

4. How many years of PR practice do you have after academic qualification?

5.(a) Who will pay your fees? Self Organization (Tick)

(b) If Organization, please provide contact details

Signature: _____

Date: _____

Address: Compound of Local Government
Service Secretariat, Near Kempinski Hotel, Accra
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