

## PPAI & ASI ADvocate Application

(Please Print)

Name \_\_\_\_\_ Designation \_\_\_\_\_

Title \_\_\_\_\_ Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Street Address (if different from above) \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ UPIC/PPAI/ASI (circle one) \_\_\_\_\_

### Company Affiliations

My company is a member of  PPAI  ASI Member Number: \_\_\_\_\_

My company is a member of a regional association: \_\_\_\_\_

### References

In the spaces below, list the names, phone numbers and email address for three personal references who have heard you speak to a group and can validate your professionalism as an industry practitioner and your experience in public speaking.

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I have signed the letter of agreement relating to established guidelines, ethical standards and professionalism.  Yes  No