

MEDIA INSTITUTIONAL MEMBERSHIP APPLICATION



OFFICIAL USE ONLY
APPLICATION NUMBER:

ORGANIZATIONAL DETAILS

DATE: _____

NAME:	DATE OF ESTABLISHMENT
<input type="text"/>	<input type="text"/>

CERTIFICATE OF INCORPORATION/REG. NO.:	MRA TPIN:
<input type="text"/>	<input type="text"/>

HEADQUARTERS DETAILS

LOCATION:	POSTAL ADDRESS:
<input type="text"/>	<input type="text"/>

TELEPHONE NUMBER:	WEBSITE:
<input type="text"/>	<input type="text"/>

TYPE OF ORGANISATION MEDIUM:

Newspaper TV Radio News Agency News Bureau Educational NGO

Other (specify) _____

CONTACT PERSON:	CONTACT PERSON TITLE:
<input type="text"/>	<input type="text"/>

TELEPHONE:	EMAIL ADDRESS:
<input type="text"/>	<input type="text"/>

Staff Details

NUMBER OF JOURNALISTS

BUREAU

LOCATION	ADDRESS	NO. OF JOURNALISTS
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Attach copy of registration certificate

