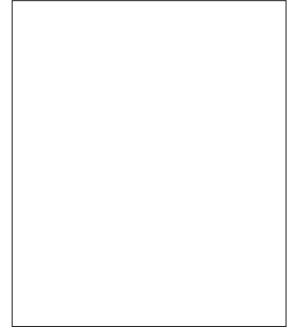


MEMBERSHIP FORM

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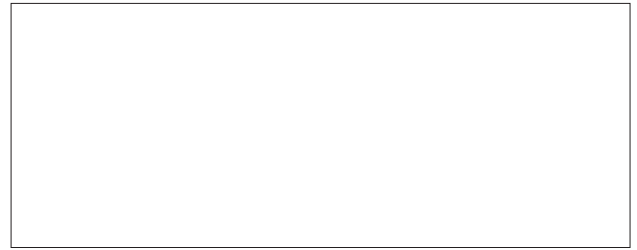
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To

**The President,
Newsmedia Association of India.**



Please sign here for the ID Card

Subject: Application for a Membership post.

Respected sir,

I accept to the policies, aims, visions and plans of the **Newsmedia Association of India** and further I am applying for a member in the association. I declare that I will abide by the rules and regulations of the association.

I would like to register in the association for a responsible membership post and in the form attached with it my membership post request has been mentioned. I request you to analyze these and grant me a membership post.

Type of Industry: Newspaper / Magazine TV Channel
 FM Radio Web TV / IPTV
 Citizen Reporter Volunteer
 Other Media(Specify)_____

Thanking You,
Yours Faithfully

PERSONAL INFORMATION OF THE APPLICANT

Name of the Applicant :

Father / Husband Name :

Date of Birth : (DD/MM/YYYY) **Blood Group** :

Sex : Male Female Transgender

Nationality :

Marital Status : Yes No

Educational Qualification : Below 12th U.G P.G Diploma

Permanent Address :

E-Mail :

Phone :

Present Address :

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| Languages Known | Tamil : | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | English : | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Hindi : | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Telugu : | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Kannada : | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Malayalam : | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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I declare that all the information mentioned above are true to the best of my knowledge and belief.

Date :

Place :

Name of Officer in whose name I card Reqd.



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Signature of Proposer / Introducer

Designation of Card No. :

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Note :

- 1. Please attach a latest copy of your ID Card.
- 2. Please send 2 passport size photographs & your specimen signature for ID - Card.
- 3. Please attach your address Proof.
- 4. Also send your publication copy applicable only for Press Member.

I Promise & Pledge to work for the progress of this Association

Applicant Signature

FOR OFFICE USE ONLY

Admitted Mr./Mrs. _____ as member of the Association. Membership No. allotted _____ Membership Received _____ on dated _____.