

No :

Date :

MEMBERSHIP FORM

From

Photo

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:

Print Media

Broadcasting Media

FM Radio

Digital Media

Citizen Reporter

Policenewsplus.com e-Magazine

Indhiya Sudar Magazine

Thanking You,
Yours Faithfully

Present Address :

Phone :

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Mobile :

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		Others						
		Read	Write	Speak				
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"/>

State :

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District :

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Zone :

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Ward No :

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Police Station :

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Referred / Introduced by :

Introducer Phone :

OCCUPATION DETAILS

<input type="checkbox"/> Student
<input type="checkbox"/> Professional
<input type="checkbox"/> Self Employed
<input type="checkbox"/> Salaried
<input type="checkbox"/> Gov. Service
<input type="checkbox"/> Retired
<input type="checkbox"/> Other
<input type="checkbox"/> Not Employed

If Student, mention _____

If Professional, mention _____

If Self Employed, mention _____

If Salaried, mention Company _____

If Gov. Service, mention _____

If Retired, mention _____

If Other mention _____

Home Maker

Farmer

Nature of Business :

Designation :

Phone :

Mobile :

Note: Once filled the NAI Application form subsequently received money from the new applicant towards NAI membership/Leadership fee, if new applicant is not submitting the required documents such as ID Proof, address proof and Photo it will be cancelled within 30 days. The fund cannot not be refunded at any cause. Even if it is a part payment or full payment.

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