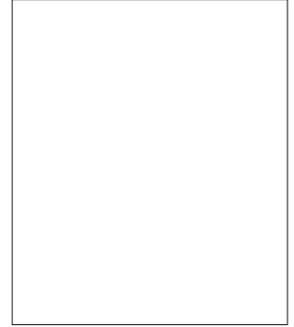


**MEMBERSHIP FORM**

No :

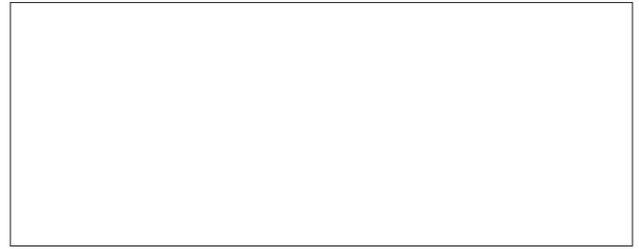
Date : .....

State : \_\_\_\_\_



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



**Present Address** :


**Phone** :

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**Mobile** :

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		Read	Write	Speak	Others	Read	Write	Speak
<b>Languages Known</b>	<b>Tamil</b> :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>English</b> :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Hindi</b> :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Telugu</b> :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Kannada</b> :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Malayalam</b> :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**District** :

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**Sub District** :

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**Ward** :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Press/ Media Company Name** :


**Designation** :


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.




Designation : 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name of Proposer : 


Address : 


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 \_\_\_\_\_.