



JOURNALIST AND MEDIA ASSOCIATION (JMA)

TVM/TC/588/2020

TC 81/1411, SREEMOOLAM ROAD , MELE THAMPANOR
THIRUVANANTHAPURAM, KERALA – 695001

PHOTO

APPLICATION FOR MEMBERSHIP

1 Name(In Capital Letters)	
2 Age & Date of Birth	
3 Qualification	
4 Permanent Address	
5 Name of Media	
6 Designation	
7 Place of Work	
8 Office Address	
9 Year of Experience	
10 Whether any Membership in Similar Organization	
11 Contact No	
12 Vehicle No	Car: _____ Motor Cycle: _____
13 Email ID	

Declaration

I hereby declare that I will abide by the constitution of the Journalists and Media Association (JMA)

Place:

Signature:

Date:

Name:

Proposed by:

(Signature with date & Address)

For Office Use only

The Executive Committee meeting held on _____ at _____ scrutinized this application and accepted / rejected

Signature

State President