PRESS UNION OF LIBERIA (PUL)

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PHOTO

Membership Application/Information Form

I. Personal Data

Name: _____ _____ _____
Last First Middle

Nationality _____

Place of birth: _____ Date of birth: _____

Address: _____

Cell Number (s): _____E-mail address: _____

II. Education- including specialized trainings, year and institutions

1. _____

2. _____

3. _____

III. **When did you begin journalism practice?** _____

IV. Have you previously obtained PUL membership? Yes:_____ (when) No:_____

V. Journalism Work Experience (Institution, Position, Date)

a._____

b. _____

c. _____

VI. Reference (Name, Address, Contact)

1. _____

2. _____

3. _____

VII. Emergency Contact

Name: _____ _____ _____
Last First Middle

Address: _____ Cell number (s) : _____

E-mail: _____

OATH/AFFIRMATION

I, the undersigned hereby swear that the information provided on this form is true and correct. I also agree to abide by the journalistic creed, the Constitution of the Press Union of Liberia and the accompanying Code of Conduct, and to conduct myself in a professional manner at all times.

Date: _____ Signed: _____

The Press Union of Liberia reserves the right to cancel any privilege granted with PUL membership, should it be confirmed that information provided here are misleading.

- add separate sheet, where necessary

========== FOR OFFICIAL USE ONLY ==========

Membership Status Granted: _____

Approved: _____ Attested: _____
Membership Committee President/PUL

Date: _____ Date: _____

Please note that receiving and filling in this form does automatically make you a member. The committee on membership will have to approve your membership.