



MEMBERSHIP APPLICATION FORM

Please complete and send back to myfcjinfo@gmail.com

Name and Surname			
Date of birth	Day	Month	Year (optional)
Name of Company			
Physical address and Postal address			
Name of Publication(s)			
E-mail address			Office Tel:
Designation			Cell
Qualifications and where obtained	What?		Where?
Do you have any skills that you wish to share with fellow journalists at any of the regional seminars or AGM and what are they? (Use a separate sheet if necessary)			
Do you have any specific training requirements that you feel that Forum can address, and what are they? (Use a separate sheet if necessary)			
May your details be sent to other Forum members for networking purposes? Yes/No			
Signed		Date	
	<i>Signature of Applicant</i>		
Application supported by the Editor of publication or current FCJ member		Date	
Please print name of Editor /FCJ Member above			

Contact: Forum of Community Journalists, myfcjinfo@gmail.com. Visit www.fcjonline.co.za for more information.