**** **Media Federation of India**

**101 - A, Antriksh Bhawan, K.G. Marg, Connaught Place, New Delhi – 110001**

**+91- 9868230229, 9313462630**

***E-mail.:*** [***mediafederation@yahoo.com***](mailto:mediafederation@yahoo.com)***,*** [**www.mediafederationofinda.com**](http://www.mediafederationofinda.com)

State........................................City.....................................

**MEMBERSHIP FORM**

|  |
| --- |

1. Name...............................................................................................

2. Father's/Husband Name .................................................................

3. Date of Birth ....................................................................................

4. Residence Address ..........................................................................

……………………………………………………………………………..

5. Phone:.............................................Mobile .......................................

6. Blood Group..............

Email ..............................................................................................

7. Name of Organization, Print/Electronic Media.....................................................................

8. Office Address.....................................................................................................................

9. Phone................................Fax .......................... Email ......................................................

10. Designation................................................Monthly Income...............................................

11. No. of Dependent .....................................................

12. Family Details

Name Relation Age Blood Group

A

B

C

D

13. Working Experience ……………………………………………………………………………..

14. Name of Union/Press Club/Association ............................................................................................

15. Name & Signature of Editor/Publisher/Organization Head etc. .......................................................

Place .......................

Date ........................ Signature of Member

**for Office use**

Date of Receipt.............................. Register No............................. Managing Committee

Recommendation........................ Membership No. .................... Receipt No................... Date...............