

MEDIA ASSOCIATION OF SAINT LUCIA

REGISTRATION FORM

(Please Print)

APPLICANT INFORMATION					
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Date of Birth (d/m/y)
Street address:	Mobile phone no:			Home phone no.:	
Job Title:	Organization:			Work phone no.:	

Type of Media:

TV Web Radio Print Other

Membership to the MASL is open to all individuals whose bona fides can be established to the satisfaction of its Executive based on the following criteria:

There are three categories of membership:

1. **Individual:** Individual Membership is open to bona fide individual media persons who have been employed for at least one year in media related work prior to applying for membership. Individual members are entitled to vote on all matters of the MASL.
2. **Associate:** Associate Membership shall be open to non-media personnel. Such members may benefit from the Association whenever the opportunity arises and may take part in discussions but have no right of vote.
3. **Honorary:** Honorary Membership may be conferred on any individual, who meets the criteria as set out in the bylaws. Honorary members may take part in discussions but have no right of vote.

All applications for membership shall be made on the prescribed form and submitted to the Secretary.

Notwithstanding the above, the Executive reserves the right to refuse membership to any applicant for cause as stated in the code of ethics or otherwise determined. Such an individual may reapply subject to the cause being remedied.

DECLARATION

The above information is true to the best of my knowledge. I agree to uphold the Constitution, Code of Ethics or Bylaws of the Media Association of Saint Lucia; pay membership/subscription fees when due; attend a minimum of three meetings and/or activities organised by MASL in one year.

Name and Signature

Date