**UJOSS MEMBERSHIP FORM**

**1, PART ONE**

 **PERSONAL INFORMATION:**

* Name of Applicant ………………………………………………………………………………………………………….
* Date and Place of Birth …………………………………………………………………………………………………..
* Sex …………………………………………………………..
* C.V Attached ………………………………
* if no Explain why ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
* Academic Qualification ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
* Employment Records ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
* Current work place and title if any ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
* E-mail address ………………………………………………………………………………………………………………………………………………..
* Tell: No. …………………………………………………………………………………………………………………………………………………
* Next of kin Names and Phone Number …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**2. PART TWO**

**APPLICANTS’ DECLARATION.**

I, Mr. / Mrs or Miss Full Name Here ………………………………………………………………………………………………….

The undersigned do hereby declare that as a practicing Journalist in South Sudan will respect the media laws, code of conduct for professional Journalism as guideline for operations as mandated by the Union of Journalists of South Sudan to carry on my duties and responsibilities.

I will manage all equipment’s given to me by the union including the ID card, or any other work-related media tool in a transparent and accountable manner.

Sign ………………………………………………………………………………… Date ……………………………………………………………….

**3. PART THREE**

**REQUIREMENTS,**

 Please attach the following

1. Valid Working ID Card / authorization letter from media house
2. Old UJOSS ID card for those renewing
3. Annual Membership fees of three thousand South Sudanese Pounds [3,000 SSP]

**PART FOUR FOR OFFICIAL USE ONLY**

**UJOSS Secretary’s Comment** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**UJOSS Chairperson Approval or Rejection.** …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Names and Signature …………………………………………………………………………. Date ………………………………………….