**APPLICATION FORM**

AFFILIATE MEMBERSHIP

Fill in all sections where applicable.

A PDF version of this form is available from the Public Media Alliance website.

Once completed, please return to [info@publicmediaalliance.org](mailto:info@publicmediaalliance.org?subject=PMA%20Full%20Membership)

|  |  |
| --- | --- |
| **Name of organisation** |  |
| **Address of organisation HQ** |  |
| **Main telephone number** |  |
| **Email** [General] |  |
| **Website** |  |
|  |  |
| **Chief Executive** [Name & Title] |  |
| **Job title** [GM, MD, DG. Etc.] |  |
| **Telephone** |  |
| **Email** |  |
| **Alternative email** |  |
|  |  |
| **Title & name of secondary contact person in your organisation** |  |
| **Job title** |  |
| **Telephone number** |  |
| **Mobile/cell phone** |  |
| **Email** |  |
| **Alternative email** |  |

|  |  |
| --- | --- |
| **Objectives or purpose of the organisation** |  |
| **Source(s) of funding**  [Percentage of government/direct taxation/commercial etc.] |  |
| **Value of income/funding**  (£ sterling)    - Last Year Actual  - Current Year Forecast |  |
| **Staff numbers** (approximate) |  |

|  |  |
| --- | --- |
| **Signed** |  |
| **Print name** |  |
| **Date** |  |

*I confirm that all details submitted are correct at the time of writing*

**Please return to the PMA via email to:**

[sally-ann@publicmediaalliance.org](mailto:sally-ann@publicmediaalliance.org)