**APPLICATION FORM**

AFFILIATE MEMBERSHIP

Fill in all sections where applicable.

Once completed, please return to info@publicmediaalliance.org

|  |  |
| --- | --- |
| **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** (local currency) - Last Year Actual- Current Year Forecast |  |
| **Staff numbers** (approximate) |  |
| **Reason for joining PMA**[Max 300 words] |  |

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

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

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

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