

THE EDITORS GUILD OF INDIA

MEMBERSHIP APPLICATION FORM

Ref. No:

Full name of applicant:

Date of birth:

Residential address:

Telephone number: Mobile

Landline

email id:

Social media identities:

Employer's Name:

Number of years in existence:

Postal address and phone number:

Print / Electronic / Digital identities:

Language(s):

Please tick below, as appropriate:

Daily / Periodical / News TV / Radio / Website / App

Ownership: Government / Registered Company / Charitable trust / Other

Approximate audience size / circulation / readership / unique visitors in a month:

Applicant's designation:

Whether employed full-time or part-time:

Number of years in present position:

Previous two positions, organizations and relevant periods:

Scope of responsibility in present job:

Number of people reporting to applicant:

Applicant's immediate superior (name and designation):

Total number of years in journalism:

Have you won any professional award(s) or recognition?

Membership of any other professional body:

Whether holding office in any such body; if so what, and for what period:

Membership of any political party:

Tick below, as appropriate:

My work does / does not include business functions

I own / do not own any part of the organization where I work

DECLARATION: I understand that membership of the Editors Guild of India is open to senior editors who hold or have held responsible positions in recognized media organizations in India, and are in good standing in the profession. I uphold and will continue to uphold the professional and ethical standards of good journalism, and abide by the Guild's editorial Code of Conduct. If accepted as a member of the Guild, I agree to pay the membership fees, as stipulated from time to time. Further, I agree to abide by the bye-laws of the Guild, which I have read. I acknowledge and accept that the Guild's Executive Committee has the absolute right, in its own judgment (aided by the advice of the Credentials Committee), to accept, hold in abeyance or reject my application for membership of the Guild.

Date:

Station:

Signature