PRESS UNION OF LIBERIA (PUL)

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PHOTO

PUL MEMBERSHIP APPLICATION FORM

FORM ID:

Date :

D D M M Y Y Y Y

I. PERSONAL INFORMATION

Last Name

Middle Name

First Name

Place of Birth

Date Of Birth : D D M M Y Y

Phone Number

Current Address

Marital Status Single Married Divorce Others

Nationality

County of Origin

Religion

City :

E-Mail

National ID **Yes** **No**

SEX : Male **Female**

II. EDUCATION AND TRAININGS (i.e., SECONDARY/TERTIARY/GRADUATE/SPECIALIZED)

NAME OF INSTITUTION	QUALIFICATION OBTAINED	START & END DATES

THANK YOU FOR YOUR INFORMATION

III. MEMBERSHIP WITH PUL

Have you had any previous membership with PUL?	Yes	No	Date of First Membership	Date of Last Membership
	☐	☐		

IV. WORK EXPERIENCE

Institution	Position	Start and End Dates	Main Responsibilities

THANK YOU FOR YOUR INFORMATION

V. PROFESSIONAL REFEREES

Name	Institution	Position	Phone/Email

VI. NEXT OF KIN (CLOSEST RELATIVE THRU BLOOD OR LEGAL RELATIONSHIPS)

First name	Last name	Type of relationship	Contact No.	Email:	Address

VII. EMERGENCY CONTACT

First name	Last name	Type of relationship	Contact No.	Email:	Address

IX: OATH OF AFFIRMATION AND BEHAVIOR BOND

I, the undersigned hereby swear that the information provided on this form is factually accurate, and by submitting this form shall constitute my application for membership in the PUL. I also agree for the PUL to review and scrutinize all information provided in my application to verify the authenticity. I agree that the PUL has the right to grant/adjust/deny/reject the category of membership I applied for consistent with the Constitution and By-laws of the PUL and the accompanying Code of Ethics and Conduct for Liberian journalists and members of the PUL as well as the journalist's creed. I further agree that, having obtained and fully understood the Constitution and By-laws of the PUL and the accompanying Code of Ethics and Conduct for Liberian journalists and members of the PUL as well as the journalist's creed, I shall abide by said professional ethical regulations and conduct myself in a professional manner at all times. I agree that any violations of said ethical regulations shall be subjected to investigation and sanctioning, where applicable.

Full Name:	Signature:	Date:

X. For official use only

Observation by Committee:	Applicant meets eligibility for Full Membership	Applicant meets eligibility for Associate Membership	Applicant meets eligibility for Affiliate Membership	Applicant meets eligibility for Institutional Membership
Type of membership granted:				

Approved:	Membership Committee	Date:		President of PUL (Attested)	Date: