

# Application Form for BICMDFP Membership

Brussels Independent Center

Date / /20

for Media Development and Free Press (vzw)

Brussels – Kingdom of Belgium

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Dear Sir/Madam,

We have the pleasure of applying for the Membership as an Organization Member of (Brussels Independent Center for Media Development and Free Press) and request you to place our application before the Executive Committee at the earliest and look forward to receiving your acceptance of the same.

<b>First Name:</b>		<b>Sir Name:</b>	
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<b>Date of birth</b>		<b>Place of birth</b>	
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<b>Nationality:</b>		<b>Marital Status:</b>	
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<b>Passport number:</b>		<b>Date of expiry:</b>	
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<b>ID national number:</b>	
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# Application Form for BICMDFP Membership

<b>Address:</b>	
<b>Country:</b>	
<b>City:</b>	
<b>zip code:</b>	
<b>Street &amp; Number:</b>	
<b>Box:</b>	
<b>Contact details:</b>	
<b>Mobile number:</b>	
<b>E-mail:</b>	
<b>Definition of the entity to which the applicant belongs:</b>	
<b>Type of journalistic work:</b>	

**Notes:**

- It takes seven to ten days for the identity to be issued.
- The annual subscription fee is one hundred euros.
- The fields must be filled accurately and as recorded in the official documents, and the form will be neglected if any paragraph is left blank.
- Attach the form with scanned copies of official documents along with a scanned recent photo.

**I, the undersigned, pledge that all data in the form is correct**

**Signature:**

**Full name:**

**Date / /20**