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EDITORS GUILD OF ETHIOPIA

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MEMBERSHIP APPLICATION FORM

Information about the Applicant

Full Name: _____

Sex: Male Female

E-mail Address: _____

Region/ City/Town: _____/_____/_____

Cell Phone: _____

Information about Company/Organization of the Applicant

Employer Organization: _____ Position: _____

Work Experience: _____
If applying for an Honorary Membership, please include your current status: _____

Address: _____ Region/Town _____/_____

Platform: Print TV Radio Digital

If other, please specify _____

E-mail: _____

Phone: _____

Fax: _____

Region/City/Town: _____/_____/_____

CONFIRMATION BY APPLICANT

I, the undersigned, certify that the above facts are true, accurate and to the best of my knowledge; and I understand that I subject myself to disciplinary action in the event that the above facts are found to be false.

Date: _____ Signature: _____

Once signed, please send the form as an attachment along with your Employee ID to

membership@editorsguild.org