

Media Council of Malawi (MCM)

Private Bag A 51
Lilongwe

Tel: 01752722
Fax: 01752442
E-mail: media@mediacouncilmw.org

MEDIA COUNCIL MEMBERSHIP REGISTRATION FORM

ORGANISATION'S INFORMATION:

Name of Organization:.....

Postal Address:

.....

Physical Address:

.....

Telephone (s) :.....

Mobile (s):

Fax:.....

E-mail:.....

OTHER INFORMATION:

Is the company registered by the registrar of Companies?

Yes No (tick the appropriate)

If yes, submit copies of the certificate of registration.

Is the company licensed by MACRA?

Yes No (tick the appropriate)

If yes, submit copies of License.

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PAYMENT:

We/I have enclosed a cheque/cash amounting to MK..... in payment for the membership fees to **MEDIA COUNCIL OF MALAWI**

In addition, We/I pledge space/airtime/production valued at MK weekly/monthly/yearly (tick whichever applicable)

.....
Head of Organization's Name:

.....
Signature

.....
Date