

## **SLAJ MEMBERSHIP APPLICATION FORM COVER NOTE**

Before you fill the **SLAJ Membership Application Form** please take note of the following:

The SLAJ Membership Application processing fee is **Le.100, 000** (Hundred Thousand Leones), non-refundable. Please follow these steps:

**Step 1:** Download the Form from our website **www.slaj.sl**

**Step 2:** Pay the Le100, 000 to the **SLAJ Membership Dues Account (A/c No. 3125345113)** at any **GTBank** branch). Please note that payment must be made in your name; i.e. the name you will write on the Application Form.

**Step 3:** Fill form, scan form and your Bank Pay-in/Deposit slip, and email to **slaj.salone@gmail.com**

You must have **at least Five (5) GCE O' Level/ WASSCE** passes, including English Language. (If you have a degree you do not need to indicate your GCE/WASSCE results).

Your education certificate/s must be from a **recognized academic institution**. A recognized academic institution is one approved by the appropriate statutory institution of the Government of Sierra Leone.

You must have practiced journalism in Sierra Leone for a **minimum of six (6) months** (for professional Diploma and Degree holders); **three (3) years** (for HTC/GCE/WASCE holders); and **four (4) years** (for those with no academic certificate/s).

You must have **no criminal record**.

Foreign nationals who wish to apply can only become **Associate Members**.

Applicants will face a **Membership Credentials Committee** for final vetting.



# Sierra Leone Association of Journalists

1st Floor, 56 Campbell Street, Freetown, Sierra Leone P.M.B. 724,

Website: [www.slaj.sl](http://www.slaj.sl); Email: [slaj.salone@gmail.com](mailto:slaj.salone@gmail.com)

President: +232 76 602825, Secretary-General: +232 76 470288

## MEMBERSHIP APPLICATION FORM (2017)

### PERSONAL DETAILS

Name of Applicant: Surname.....Other Names.....

Residential Address.....

Name of Institution.....

Address of Institution.....

Designation (Editor/Station Manager/Presenter/Reporter etc).....

Telephone..... Email.....

Date of Birth..... Sex.....

Years of Practice..... Date: From..... To.....

Affiliate Membership (If any): SLRU..... SWASAL..... WIMSAL.....

### EDUCATIONAL BACKGROUND

YEAR		INSTITUTION (S) (Please start from the most recent and in descending order)	QUALIFICATION (Degree/Diploma/Cert./ O'Level/WASSCE)	RESULT OBTAINED
From	To			

### SPONSORS

1. Name..... 2. Name.....

Address..... Address.....

Telephone..... Telephone.....

Name of Employer..... Signature & Stamp.....

Signature of Applicant.....

**NOTE:** Applicant who is a member of an affiliate body MUST submit Attestation from that body.

### FOR OFFICIAL USE ONLY

Approved..... (No.....) Rejected..... Pending.....

**NOTE:** This form MUST be accompanied by applicant's supporting documents and two recent passport-sized photos.

Signatures of Committee Members: .....