



Association of Caribbean MediaWorkers

Unit 1, Upper Level, Élan Place, 137 Eastern Main Rd,
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ACM Application Form

Please complete the following and return either via email or regular mail with a photograph for use in our ACM Media Pass. Annual Membership Fee of US\$30 is payable by cash or cheque.

Personal Information

Surname: _____ First name(s): _____

Home address: _____

Country: _____

Email Address: _____

Tel. (Work): _____

Tel. (Home): _____ Mobile: _____

Date of birth: _____ Sex: M F

Do you belong to a national association? Yes No

If yes, which one? _____

Professional Details

Media Experience (years): _____ Freelance Staff

Employer: _____

Job title: _____

If you are a freelance journalist please provide the following information:

Percentage of total income derived from journalism: ____ %

Applicant's Declaration

I confirm that the above information is correct and that I agree to abide by the rules and Code of Conduct of the Association of Caribbean Mediaworkers.

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Date

Signature