



الشبكة الدولية للصحفيين العرب والافارقة

RESEAU INTERNATIONAL DES JOURNALISTES ARABES ET AFRICAINS

INTERNATIONAL NETWORK OF ARAB AND AFRICAN JOURNALISTS

RIJAA MEMBERSHIP FORM

FIRST NAME

LAST NAME

PLACE OF BIRTH

DATE OF BIRTH

NATIONALITY

PASSPORT NUMBER

PRIVATE ADDRESS

WORK ADDRESS

PRIVATE PHONE NUMBER

WORK PHONE NUMBER





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PROFESSIONAL E-MAIL

EMAIL PRIVÉ

PROFESSIONAL STATUS (check the right answer)

Employee

Part time work

Independent

TYPE OF MEDIA (check the right answer)

Newspaper

Magazine

Online

Photo

Radio

TV

Agency

Other (please specify)

NAME OF THE MEDIA

PROFESSIONAL CARD NUMBER

ADDRESS OF THE MEDIA





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NAME OF THE EDITOR IN CHIEF

ANNUAL MEMBERSHIP FEE :

°Active member: 50 euros

°Volunteer member: 20 euros

LANGUAGE OF CORRESPONDENCE (check the right answer)

°French

°Arabic

°English

This document duly filled is to be returned by mail to the Secretariat of the RIJAA at this address:
RIJAA, c/o CIPINA, CP 395, 1001 Lausanne, Switzerland

Or by e-mail to : rijaa@cipina.org

Please attach 1 passport photo, a CV and a press kit with details of the last 2 years

Location, date : Signature :3

