



MEMBERSHIP FORM

Journalists' Association of Bhutan

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Personal Information

Name First Name _____
 Last Name _____

Gender Male Female Other

Nationality _____

E-mail _____

Phone (Office) _____

Phone (Mobile) _____

Address _____

Social Media Accounts _____



Career Records

Present

Name of Organization _____

Organization's Address _____

Title/Position _____

Freelance

Skill

Signature

Date: