



Digital Media Federation (DMNSA)

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PHOTO

Members Information Form/Membership Registration Form

Personal Information

Organization Name: _____

Editor/Director

First *Middle* *Last*

Father's Name

First *Middle* *Last*

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP /Pin Code*

Home Phone: _____ Alternate Phone: _____

Educational Details: _____ University / Board _____

Email _____

Gov't ID Number _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: _____

Previous Job Information

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ Email: _____

Work Phone: _____ Cell Phone: _____

Start Date: _____ Salary: _____

Emergency Contact Information

Full Name: _____
First *Middle Name.* *Last*

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Primary Phone:

Alternate Phone:

Relationship:

Organization Details

Full Name:

Office Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Police station

Division/District

Registration number

Registration Authority

Declaration

1. I have checked that all the details on this registration form are correct and that I have provided copies of the appropriate photographs and documents where required.
2. I understand that the company needs to collect the data requested about me in this form as part of the contract I am entering into with the company when I complete this registration form, and to comply with the company's statutory duties.
3. I agree to abide by the company/Federation regulations, as they apply to my candidature/Membership. This includes the Federation/Company's policy with regards to my association, withdrawals, suspensions and refunds.
4. I assure that all the information filled in this information form by me are correct and true to the best of my knowledge.

By completing and submitting this form, I agree to abide by all of the above for the duration of my registration at the Federation/Company.

Name _____
Date _____
Place _____

Signature of the Editor/Member with Seal

Self-Declaration

I, Shri/Smt., son/wife/daughter of Shri....., age, resident of District, hereby declare that the information given above and in the enclosed documents is true to the best of my knowledge and belief and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved false/not true, I will have to face the punishment as per the law. Also, all the benefits availed by me shall be summarily withdrawn.

1. I have checked that all the details on this registration form are correct and that I have provided copies of the appropriate photographs and documents where required.
2. I understand that the federation/company needs to collect the data requested about me in this form as part of the contract I am entering into with the Federation/company when I complete this registration form, and to comply with the Federation/company's statutory duties.
3. I agree to abide by the Federation/company's regulations, as they apply to my candidature. This includes the Company's policy with regards to my association, withdrawals, suspensions and refunds.
4. I assure that all the information filled in this information form by me are correct and true to the best of my knowledge.
5. I solemnly confirm my membership by submitting this declaration form to the federation and will abide by all the rules and regulations of federation.

Date:-
Place:-

Name and Signature of the Applicant
With Photo Identity Card No.