SOUTHERN LINK

Global News Sharing Portal for National Broadcasters

MEMBERSHIP APPLICATION FORM

Instructions:

1. Please complete all required fields marked with *
2. Print clearly or type your responses
3. Attach a profile photo if available (optional)
4. Email completed form to: **membership@southernlink.org**
5. For assistance, call: **+264 61 203 4500**

? USER INFORMATION

1. Full Names *

_____

2. Email Address *

_____

3. Office Number *

_____

4. Mobile Number *

_____

5. Designation / Role *

- ☐ Journalist
- ☐ Editor
- ☐ Photographer
- ☐ Broadcaster
- ☐ Videographer
- ☐ Producer
- ☐ Manager
- ☐ Other: _____

? MEDIA HOUSE INFORMATION

6. Media House Name *

_____

7. Trading Name / Brand Name (if different)

_____

8. Media House Type *

- ☐ Radio
- ☐ Television (TV)
- ☐ Print Media
- ☐ Digital/Online
- ☐ Mixed Media

9. News Type / Specialization *

- ☐ Politics
- ☐ Business
- ☐ Sports
- ☐ Entertainment
- ☐ Health

☐ Technology
☐ General News
☐ Other: _____

10. Country *

_____

11. City / Town *

_____

12. Physical Address *

_____

13. Office Contact Number *

_____

14. Media House Email *

_____

15. Website (Optional)

_____

DECLARATION

I hereby declare that:

? All information provided in this application is true and accurate to the best of my

knowledge

? I have read and agree to Southern Link's Terms of Use and Privacy Policy

? I understand the membership requirements including minimum upload obligations

? I represent a legitimate national news broadcasting organization

? I am authorized to submit this application on behalf of my media house

Date

_____

Signature

_____

FOR OFFICE USE ONLY

Application Received: _____ Processed By: _____

Membership ID: _____ Approval Date: _____

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