



ELECTRONIC MEDIA CONTENT OWNERS ASSOCIATION OF NIGERIA

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Registration Form

Name: _____

Designation: _____

Years Of Professional Practice: _____

Company's Name: _____

Address: _____

_____ Tel: _____

E-mail: _____

Production: TV RADIO

List of Productions and Year: _____

Number of Stations Currently on: _____

Ipledge to abide by the rules and regulations of the association.

Signature: Date:

Date Received:

Date Approved:

Membership Number:

