



MEMBERSHIP APPLICATION FORM

TANZANIA WOMEN LAWYERS ASSOCIATION

P.O.BOX 9460, Dar Es Salaam, Tanzania Tel: 222 862865

E-mail: tawla.information@gmail.com

E-mail: office@tawla.or.tz

Email: tawlamembers@tawla.or.tz/tawlamembers@gmail.com

FOR OFFICIAL USE ONLY

Applicant meets the qualification []

Applicant has been accepted []

Application has been rejected []

Membership fees has been paid []

Signature..... Date.....

A FOR INDIVIDUALS ONLY

Family name (surname)	First name	Other name(s)
Your current job/title		
Contacts:	Tel:	
	Email:	
	P.O. Box:	
Are you an Advocate?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
Age:		
Under which committee do you want to belong to and volunteer your time <i>(please tick)</i>	<input type="checkbox"/>	The Legal Defense Committee
	<input type="checkbox"/>	The Public and Legal Literacy Committee
	<input type="checkbox"/>	The Legal Research Committee
	<input type="checkbox"/>	The Business Consultancy Committee

	The Fund-Raising Committee	
Your academic qualifications:		
Please specify your area of specialty and where you would wish to volunteer your time		

Please send this form, with the following

- Your Curriculum Vitae (as per the attached template below)
- Copies of your Academic Certificates
- A passport size photograph
- Your one-off membership registration fee (**TZS 15,000**)
- Your Annual Subscription Fee (**TZS 50,000**)

To:
The Executive Director,
Tanzania Women Lawyers Association (TAWLA)
P.O.BOX 9460,
Dar es Salaam.

Payments can be made through **TIGO PESA no: 0658 386 286** or **CRDB BANK PLC - Account No. 0150424985701 - HOLLAND BRANCH; ACCOUNT NAME: TANZANIA WOMEN LAWYERS ASSOCIATION** or visit **TAWLA House**, Ilala Sharif Shamba near Amana Hospital.

Signature:

Name:

Date:

Membership is open to all qualified Tanzanian women lawyers irrespective of their age, disability and ethnic origin

TAWLA CV- TEMPLATE (Please fill your details as per the attached template below)

Attach your passport size with blue background

CURRICULUM VITAE

PERSONAL DETAILS			
FULL NAME:			
DATE OF BIRTH:			
NATIONALITY:			
ADDRESS:			
TELEPHONE NO.			
EDUCATION BACKGROUND			
YEAR	AWARD		
OTHER EDUCATION AND TRAINING, QUALIFICATIONS AND SKILLS			
WORKING/ PROFESSIONAL EXPERIENCE			
JOB	EMPLOYER	TITLE	YEAR
OTHER EXPERIENCE/PUBLICATIONS/AWARDS			
YEAR	AWARD		
INTERESTS			
REFEREES			
1.			
2.			
3.			