



MEMBERSHIP APPLICATION FORM

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

E-mail: tawla.information@gmail.com

E-mail: info@tawla.or.tz

Family name (surname):	First name:	Other name(s):				
Your current office and title						
Contacts:	Tel:					
	Email:					
	P.O. Box:					
Are you an Advocate?		Yes				Age:
		No				
Your academic qualifications: Tick where appropriate	<input type="checkbox"/> BACHELOR OF LAWS (LLB) <input type="checkbox"/> POST GRADUATE <input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> PhD					
Please specify your area of specialty and where you would wish to volunteer your time						
How did you become aware of TAWLA? Tick where appropriate	Existing member	Social media	Website	Google form	TAWLA Staff	Other

Please send this form with the following attachments to: info@tawla.or.tz

- Your Curriculum Vitae (using TAWLA's template attached)
- Copies of your Academic Certificates
- A passport size photograph
- Your one-off membership registration fee (**TZS 15,000/=**)
- Your Annual Subscription Fee (**TZS 100,000/=**)

Make your payments through one (1) of the following modes:

1. **TIGO PESA (LIPA NUMBER: 8977890); NAME: TANZANIA WOMEN LAWYERS ASSOCIATION**
2. **NATIONAL MICROFINANCE BANK (NMB): ACCOUNT NO: 24110010415 - OHIO BRANCH: ACCOUNT NAME: TANZANIA WOMEN LAWYERS ASSOCIATION**
3. **VISIT TAWLA HOUSE, ILALA, AMANA STREET.**

Signature:

Date:

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

Attach your passport size with blue background

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.			