



**MEMBERSHIP APPLICATION FORM**

**TANZANIA WOMEN LAWYERS ASSOCIATION**

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

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**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"/>	<b>Yes</b>
	<input type="checkbox"/>	<b>No</b>
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
- 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 **M-PESA no: 0752 286 286** or **TIGO PESA no: 0658 386 286** or **NBC Corporate Account No. 011103006461** 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*