



MEMBERSHIP APPLICATION FORM

TANZANIA WOMEN LAWYERS ASSOCIATION

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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"/>	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
- 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 **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