**Membership Form - Media Literacy Ireland – the Irish Media Literacy Network**

1. Name:

2. Title / Role:

3. Sector:

4. Contact email:

5. Permission for email address to be shared with other network members:

Yes No

6. Membership type (please select only one):

Individual Organisation

7. Willing to be included on the voluntary Working Group Panel (which may result in an invitation to participate on specific Network Working Groups)

Yes No

8. Please identify any particular skills or experience you might have that would benefit the Network

Communications

Policy

Research

Project management/ delivery

Event management

Partnership development

Other (please state)

9. Please briefly outline your relevant experience in the area of media literacy

10. Willing to serve on a voluntary basis on the Steering Group:

Yes No

11. By becoming a member of Media Literacy Ireland you agree to receive emails from and about the Network

Yes No

12. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may post, e-mail or fax this form to the BAI. The relevant contact details are: -

Broadcasting Authority of Ireland

2 – 5 Warrington Place

Dublin 2

Dublin D02 XP29

Fax: 01 644 1299

Email: medialiteracy@bai.ie