

**NUNAVUT COURT OF JUSTICE
FORM A
REQUEST FOR MEDIA ACCREDITATION**

PERSONAL DATA

(Please type or print clearly)

1. Name: _____
(Family Name) *(First Name)*
2. Date of birth: _____ 3. Place of birth: _____
4. Nationality: _____
6. Journalism degree and degree-granting Institution (if applicable): _____
7. Media/journalism association memberships (if applicable): _____
8. Permanent office address *(if different from your organization's headquarters)*:

9. Tel.: _____ 10. Fax: _____ 11. E-mail: _____

DATA ON THE MEDIA ORGANIZATION YOU REPRESENT

12. Name of organization: _____
13. Contact person and title: _____
14. Headquarters' mailing address: _____
15. Tel.: _____ 16. Fax: _____ 17. E-Mail: _____
18. Status/Ownership:
Educational/Public Government/State
Private Other (specify): _____
19. Type of medium *(check as many as necessary)*:
Daily newspaper Photo/visual Television
News agency/service Radio Weekly publication
Other (specify): _____
20. Position:
Cameraperson Director Photographer Reporter
Correspondent Editor Producer Technician
Other (specify): _____
21. Working language(s) of your media organization: _____
22. Your main news topic(s) or field(s) of coverage *(if applicable)*: _____
- Date: _____ Signature: _____

FORWARD COMPLETED FORM AND
LETTER OF INTRODUCTION TO:

Office of the Sheriff
Nunavut Court of Justice
Box 297, Iqaluit Nu XOA 0H0

Tel.: 867.975.6119
Fax: 867.975.6168
E-mail: NCJ.Sheriff@gov.nu.ca