

Membership Form - AFI

## PERSONAL DETAILS

First name:	S	urname:		
Are you? : Male []]] Female []]]				
Address 1:				
Address 2:		Address 3:		
City:		Country:		
Telephone:	Work:		Mobile:	
Email:				
Webpage:				
Please provide the following: H	eadshot or pas	sport sized p	ohoto / Passp	ort or ID scan

## **PROFESSIONAL DETAILS**

Job:				
Title/Profession:				
Employment (please tick)	Eull time employment	Self employed	Freelance	
If full time employed, please fill the info below:				
Company Name:				
Address 1:				
ddress 2: 📋				
City:	Country:	:[		
Office number:				



### **PROFESSIONAL EXPERIENCE**

*Work History: Kindly give details of three (3) industry credits and/or positions that you have held.* 

Production Title	Dates	Your Role	Contact Reference

#### **MEMBERSHIP DETAILS**

Type of membership applied for:

E Full Membership

Woung Professional Membership

Corporate Membership

Kindly identify with section you want to become a member of (select one only):

Α	Actor/Actress (First or Second Role)	Director
P	Producer	Casting Director
C	Cinematographer	Composer
C	Costume Designer	Distributor/Exhibitor
E	ditor	Estival
S	ales Agent	Production Designer
S	creenwriter	Sound Designer
	alent Agent	Technician

Institutional (Film schools, Funding Bodies, other institutions...)



# Two of AFI members or any other industry reference should support your candidacy:

1) Name and details:

2) Name and details:

#### Your biography, as well as the recommendation letters should be uploaded.

Please note, this application does not guarantee your membership for the Arab Film Institute.

Applicants must submit all required documents.

Upon approval of your application, AFI team will contact you to confirm your membership and to organize payment for your member fees.

Place:

Date:

Please email us the completed and saved form at **afi@arabfilm-institute.org** 

For more information, please feel free to email us at **afi@arabfilm-institute.org** or **info@arabfilm-institute.org**