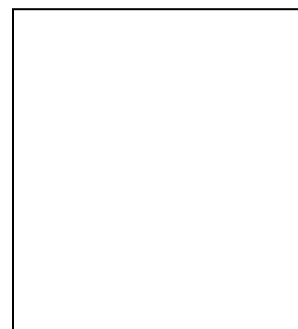




**ACTORS
GUILD**

ASSOCIATION OF FILM ACTORS UGANDA LIMITED



APPLICATION FOR MEMBERSHIP

Date:

Name:* a.k.a.

Date of Birth:* Sex* NIN:*

Nationality:* Residential Address:*

Tel.:* Email*

Home District:* Parish Village

Facebook Handle/Name. Twitter Handle/Name.

Next of Keen Name: Relationship

Film Background*

.....

.....

What do you do in the Film Industry? (Tick wherever role that is appropriate).

Actor/Actress <input type="checkbox"/>	Film Producer <input type="checkbox"/>	VJ/Publisher <input type="checkbox"/>	Video Hall Owner <input type="checkbox"/>	Film Distributor <input type="checkbox"/>	Technical Aid <input type="checkbox"/>
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I*, a Film Actor (primarily) here by apply for membership with the Association of Film Actors Uganda Limited T/A Pearlwood. I am aware of all the Organization's rules and regulations and commit to abide by them and to constructively fulfill my duties as a member.

I further declare that all given information is true, correct and complete to the best of my knowledge and belief.

Date:* Signature:*

*Attach: A copy of your National ID/Passport/Drivers 'Permit.
Proof for payment of Registration Fees (10,000/- payable in the Bank)*

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