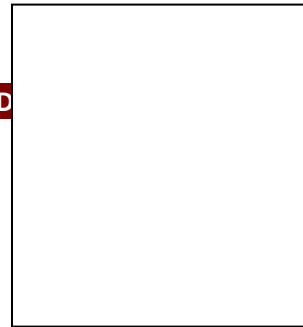


Pearlwood

ASSOCIATION OF CORE FILM PRODUCERS UGANDA LIMITED



APPLICATION FOR MEMBERSHIP

Date:

Name:* a.k.a.

Date of Birth: * Sex* NIN: *

Nationality: * Business Name: *

Physical Business Address: *

Tel.: * Email*

Residential Address: *

Home District: * Village Region

Facebook ^{Handle/Name.} Twitter ^{Handle/Name.}

Next of Keen ^{Name:} ^{Relationship}

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 Producer ^(primarily) here by apply for membership with the Association of Core Film Producers 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.**
A filled **Deed of Assignment**
Proof for payment of Registration Fees (50,000/- payable in the Bank)
Note: **All payments must be made to the Association Bank Account**

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