



**APPLICATION FOR INDIVIDUAL MEMBERSHIP
CORRESPONDING MEMBER**

First Name: _____ **Family Name:** _____

**Institution/Organization
Name:** _____

Address: _____

Title/Position: _____

Country Telephone Code: _____ **Area Telephone Code:** _____

Tel Office: _____ **Tel Home:** _____

Fax Office: _____ **Fax Home:** _____

e-mail 1: _____ **e-mail 2:** _____

website: _____

Address for CILECT mailings — Office: **Home:**

Additional listing if desired — Office: **Home:**

CILECT Corresponding Membership

Corresponding Members are admitted by the Executive Council of Cilect.

Please include with this application

- a current curriculum vitae
- a detailed statement why you wish to join as a Corresponding member, giving information of specific interest in film and or television
- *for teachers:* endorsement of the application by the director of a Cilect member school.
- *for students:* documentation showing you are at least a part-time student. The application must be signed by a regular teacher or administrator of the institution you are attending.

Applicant's Signature: _____

Date: _____

For Students: Sponsor Signature: _____

Name of student's sponsor: _____

Position: _____

(E-)Mail the application to

**Henry Verhasselt,
Executive Secretary
CILECT
8 rue Thérésienne
1000 Bruxelles, Belgium**

**Tel: +49 651 99 525 84
Fax: +49 160 99 18 96 54
E-mail: secretariat@cilect.org**

After notification of their admission, corresponding members are requested to pay the annual fee, amounting to EUR 66.

Membership becomes effective only after receipt of payment of the fee.