



**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](mailto: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.**