

# Membership Application Form

Membership ID:



**F I R E**

**Film Industry for Rigths & Equality**

<<\_Address1\_>> <<\_Address2\_>>  
<<Bangalore>>, <<Karnataka>> <<Pincode>>  
Phone: <<\_PhoneBusiness\_>> | Fax: <<\_PhoneFax\_>>  
<<contact@fire-film.com>> | <<www.fire-film.com>>

PHOTO

Personal Details	
Name:	
Address:	
Mobile:	
Email:	
Date of Birth:	
Professional Details (Please tick Appropriately)	
Producer/Executive Producer	Director/Asst Director/Asso Director
Actor:Supporting, Lead etc	Editor/Asst Editor
DOP/Asst DOP	Music Composer/Singer/Instrument Player
Choreographer/Dancer	Fight Master/Fighter
Makeup/HairDresser/Costume/Cine Worker	Other
Reference:	
Reference Details	
Film Name:	
Name of Reference:	
Signature:	
Association:	
Membership Details (Lifetime Membership)	
Mode Of Payment:	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Online Transfer <input type="checkbox"/> Other <input type="checkbox"/>
Payment Type:	Full <input type="checkbox"/> Part <input type="checkbox"/> 1st 1000 <input type="checkbox"/> 2nd 1000 <input type="checkbox"/>
Cheque Number:	

I hereby declare that the information provided above is accurate to the best of my knowledge.

Signature:

Date:

**Membership Approved by** (to be filled by office beares)

President:

Secretary:

Signature:

Signature:

Day:

Date: