



BRITISH ACADEMY OF FILM AND TELEVISION ARTS

Please complete all sections in full and return this form to: Membership Department, British Academy of Film and Television Arts, 195 Piccadilly London W1J 9LN

Section 1 Personal Details

Title: _____ Surname: _____

First name: _____

Middle name(s): _____

Name by which you prefer to be known (if not your first name): _____

Honours: _____ Date of Birth: _____

Section 2 Occupation

Please send a current CV with this application.

I have worked in the industry for _____ years

Current occupation/job title: _____

I currently work mainly in: (Please tick one only) Film Television Games Other (please specify)

I also work/have worked in: Film Television Games Other (please specify)

I am qualified by my professional experience to vote in the following awards: Film Television Childrens' Video Games None

Section 3 Address and Contact Details

We will be sending you regular mailings and emailings and may sometimes need to contact you during office hours. Where would you prefer to be contacted?

Send email to: Home Company Other (please specify) _____

Send post to: Home Company Other (please specify) _____

Daytime contact at: Home Company Other (please specify) _____

Is the person to contact: You Someone else (eg your agent, PA etc.)

If the contact is someone else, please give his/her name and job title: _____

Please note that as a condition of membership, your name will automatically be included in a membership list in the public area of our website. If you would like additional information included in our online directory (available to members only), please tick the appropriate boxes below.

| | |
|-----------------------------|------------------------------|
| Include detail in directory | Release details to enquirers |
|-----------------------------|------------------------------|

| | | |
|--|--------------------------|--------------------------|
| Home Address: | <input type="checkbox"/> | <input type="checkbox"/> |
| Phone: | <input type="checkbox"/> | <input type="checkbox"/> |
| Email: | <input type="checkbox"/> | <input type="checkbox"/> |
| Mobile: | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Please print company, agent or other details below.</i> | | |
| Company Name and Address: | <input type="checkbox"/> | <input type="checkbox"/> |
| Phone: | <input type="checkbox"/> | <input type="checkbox"/> |
| Email: | <input type="checkbox"/> | <input type="checkbox"/> |

membership application form

Section 4 Referees

This section should be completed by 2 referees, who are current BAFTA members with knowledge of your professional experience.

First Referee (please complete in full):

New members have the opportunity to help shape the Academy's future. It is vitally important to the integrity of the Academy that the privilege of proposing new members be used responsibly; members should only propose applicants who they feel have made a significant contribution to their industry and are qualified by their professional experience to vote in our awards ceremonies.

Name: _____ Job Title: _____

Address: _____

Phone: _____ Email: _____

Signature _____ BAFTA Membership Number: _____

I feel the above mentioned applicant has made a significant contribution to their industry, and would therefore like to propose them for BAFTA membership, for the following reasons:

Second Referee (signature only required):

Name: _____

Signature _____ BAFTA Membership Number: _____

Section 5 Membership Categories

Please tick the category of membership you require.

- Full
- Country (applicable if you live and work outside a radius of 60 miles from 195 Piccadilly as the crow flies)
- Overseas (applicable if your permanent address is outside the UK. We cannot accept applications for overseas membership if your mailing address is in the UK)
- Retired (over 65)

Section 6 New Membership

Have you remembered to include:

- Passport sized Photo
- Current CV

I hereby apply for election to membership of the British Academy of Film and Television Arts and hereby agree to be bound by the memorandum and Articles of Association of the Academy and by its rules, regulations and by-laws as prescribed from time to time by the Board of Trustees.

Signature: _____ Date: _____

Please complete all sections in full and return this form to:

Membership Department
British Academy of Film and Television Arts
195 Piccadilly London W1J 9LN

You will be notified of the success of your application.

All UK applications, whenever they are received, will be considered once a year. Applications must be received by 30 March to be eligible for the coming year's intake.

Please do not enclose payment with your application. If your application is successful you will be contacted by the Membership Department for payment. Your membership will then be valid for the remainder of the current membership year. A joining fee may be applicable.

For details of current membership fees please refer to BAFTA website or contact the Membership Department.