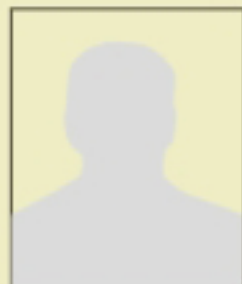


MEMBERSHIP FORM



Name : \_\_\_\_\_

Age : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Contact No : \_\_\_\_\_ Mob : \_\_\_\_\_

Email Address : \_\_\_\_\_

Name Of Association: \_\_\_\_\_

Card No: \_\_\_\_\_

Faculty : \_\_\_\_\_

{With Card Details & Attach Photo Copy Of It }

Preferable Film Genres : Drama / Romantic / Family / Action / Horror

Documentary / Biopic / Comedy / Thriller / Period .

Other Area Of Interest In Film : \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_