



Associate Membership Proposal Form

CANDIDATE DETAILS

Candidate Name

BSC Proposer

Telephone

Candidate Address

Mobile

Email

Postcode

AGENCY DETAILS where applicable

Agency

Contact

Telephone

Email

ADDITIONAL INFORMATION

Please provide any additional relevant information, including candidates credits and details of any awards.

Please continue on a separate sheet if needed.

Please forward completed form along with a copy of the candidates CV plus any attachments to: **membership@bscine.com**

British Society of Cinematographers

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