



# 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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