



**APPLICATION FORM FOR FULL OR  
ASSOCIATE MEMBERSHIP OF THE CASTING DIRECTORS' GUILD**

NAME ..... DATE .....

ADDRESS .....

.....

TELEPHONE NO ..... EMAIL.....

Please circle which membership you are applying for; FULL MEMBERSHIP / ASSOCIATE MEMBERSHIP

**FULL MEMBERSHIP:** A person may apply for FULL membership of the Guild if they have at least 4 years of professional experience as a Casting Director in one or more areas of the media.

**ASSOCIATE MEMBERSHIP:** A person may apply for ASSOCIATE membership of the Guild if they have at least 2 years of professional experience as an Assistant to a Casting Director(s).

PROPOSED BY: (4 FULL MEMBERS)

Signature 1:.....

Signature 2:.....

Print Name: .....

Print Name: .....

Contact: .....

Contact: .....

Signature 3:.....

Signature 4.....

Print Name: .....

Print Name: .....

Contact: .....

Contact: .....

FEES:

Joining Fee (one-off payment):

Casting Directors: \$275

Casting Associate / Assistant: \$165

Annual Membership Fee:

Casting Director: \$275

Casting Associate / Assistant: \$165

NB. Fees to be calculated on a fiscal year. Pro-rata rates apply.

Please enclose a CV (with dates) and indicate which category you are applying for. No payment will be required at this stage.

If you are accepted for membership you must agree to be bound by the Statutes of the Guild.