



MEMBERSHIP APPLICATION

MEMBER AND CONTACT INFORMATION																										
Name:		Title:																								
Company (if applicable):																										
Address:																										
Telephone:	Cellular:	Fax:																								
Email:		Website:																								
Email which must appear on our website, if other:																										
MEMBER CATEGORY																										
REGULAR MEMBER Check the appropriate committee: <input type="checkbox"/> Committee 1 (Production) <input type="checkbox"/> Committee 2 (Union Associations) <input type="checkbox"/> Committee 3 (Service Providers) <input type="checkbox"/> Committee 4 (Film Offices) (\$500/year) _____ (company with 1 to 4 employees) \$564.38 TAXES INCLUDED (\$750/ year) _____ (company with 5 to 24 employees) \$846.56 TAXES INCLUDED (\$1,000/ year) _____ (company with 25 to 49 employees) \$1,128.75 TAXES INCLUDED (\$1,500/year) _____ (company with 49 employees +) \$1,693.13 TAXES INCLUDED		ASSOCIATE MEMBER: (any company or person who does not join one of the 4 committees mentioned opposite). (\$300/year) _____ (company with 1 to 4 employees) \$338.63 TAXES INCLUDED (\$600/year) _____ (company with 5 to 49 employees) \$677.25 TAXES INCLUDED (\$1,000/year) _____ (company with 50 employees) \$677.25 TAXES INCLUDED (\$150/year) _____ natural person (individual) \$169.31 TAXES INCLUDED Referred by: _____																								
Check your field(s) of activity: <table border="0"> <tr> <td><input type="checkbox"/> Associations and Unions</td> <td><input type="checkbox"/> Casting</td> <td><input type="checkbox"/> Real Estate</td> </tr> <tr> <td><input type="checkbox"/> Insurance Companies</td> <td><input type="checkbox"/> Customs</td> <td><input type="checkbox"/> Partners</td> </tr> <tr> <td><input type="checkbox"/> Lawyers</td> <td><input type="checkbox"/> Special Effects</td> <td><input type="checkbox"/> Production</td> </tr> <tr> <td><input type="checkbox"/> Film offices</td> <td><input type="checkbox"/> Visual Effects and Animation</td> <td><input type="checkbox"/> Post Production</td> </tr> <tr> <td><input type="checkbox"/> Communications</td> <td><input type="checkbox"/> Rental Equipment</td> <td><input type="checkbox"/> Studios</td> </tr> <tr> <td><input type="checkbox"/> Accountants</td> <td><input type="checkbox"/> Financing</td> <td><input type="checkbox"/> Caterers</td> </tr> <tr> <td><input type="checkbox"/> Production Managers</td> <td><input type="checkbox"/> Training</td> <td><input type="checkbox"/> Support Vehicles</td> </tr> <tr> <td><input type="checkbox"/> Location Managers</td> <td><input type="checkbox"/> Accommodation</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>			<input type="checkbox"/> Associations and Unions	<input type="checkbox"/> Casting	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Insurance Companies	<input type="checkbox"/> Customs	<input type="checkbox"/> Partners	<input type="checkbox"/> Lawyers	<input type="checkbox"/> Special Effects	<input type="checkbox"/> Production	<input type="checkbox"/> Film offices	<input type="checkbox"/> Visual Effects and Animation	<input type="checkbox"/> Post Production	<input type="checkbox"/> Communications	<input type="checkbox"/> Rental Equipment	<input type="checkbox"/> Studios	<input type="checkbox"/> Accountants	<input type="checkbox"/> Financing	<input type="checkbox"/> Caterers	<input type="checkbox"/> Production Managers	<input type="checkbox"/> Training	<input type="checkbox"/> Support Vehicles	<input type="checkbox"/> Location Managers	<input type="checkbox"/> Accommodation	<input type="checkbox"/> Other: _____
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Consent: "I, the undersigned, declare that all the above information is true, that I have studied the QFTC mission and that I subscribe to it."																										
SIGNATURE		NAME (IN BLOCK LETTERS)																								

Dues **payable by cheque** to the order of Québec Film and Television Council
 GST No. 850148123RT0001 and QST No. 1209501933TQ0001
 Please return by **fax to 514 499-7018**. For more information call 514 499-7070

SECTION SERVED FOR THE QFTC	
Date of receipt of the application:	
Approved by:	
Date of approval:	
Date of payment:	MEMBER N°
Projected date of renewal:	



**Bureau du cinéma et de
la télévision du Québec**
MONTRÉAL