



# DIRECTORS' GUILD OF NIGERIA

*Artistae Excellentus*

E-mail: president@dgn.ng mail@dgn.ng website:www.dgn.ng



## Membership Application Form

(To be completed in applicant's own handwriting and in block letters)



### SECTION A (Background)

1. SURNAME \_\_\_\_\_
2. OTHER NAMES \_\_\_\_\_
3. DATE OF BIRTH \_\_\_\_\_ 4. AGE \_\_\_\_\_
5. SEX (MALE/FEMALE) \_\_\_\_\_ 6. NATIONALITY \_\_\_\_\_
7. L.G.A \_\_\_\_\_ 8. STATE OF ORIGIN \_\_\_\_\_
9. MARITAL STATUS \_\_\_\_\_
10. HOME ADDRESS \_\_\_\_\_
11. COMPANY NAME/ADDRESS \_\_\_\_\_  
\_\_\_\_\_
12. EDUCATIONAL QUALIFICATION \_\_\_\_\_  
\_\_\_\_\_
13. TEL no(s) \_\_\_\_\_
14. Email (s) \_\_\_\_\_

### SECTION B (Work Experience)

1. YEARS OF EXPERIENCE \_\_\_\_\_
2. ARE YOU A MEMBER OF ANY OTHER GUILD/ASSOCIATION WITHIN OR OUTSIDE NOLLYWOOD?  
IF SO, STATE MEMBERSHIP STATUS AND/OR OFFICE HELD  
\_\_\_\_\_
3. PRODUCTIONS WORKED IN (Please indicate: TV, Movie, Stage, Radio and the role played)

| Production | Type | Role | Year |
|------------|------|------|------|
|            |      |      |      |
|            |      |      |      |
|            |      |      |      |
|            |      |      |      |
|            |      |      |      |
|            |      |      |      |
|            |      |      |      |
|            |      |      |      |

4. Your view on the role of Direction and reorientation of the Movie Industry  
\_\_\_\_\_

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5. Your expectation (s) of the Guild \_\_\_\_\_  
\_\_\_\_\_

**SECTION C (Declaration)**

1. That I \_\_\_\_\_ hereby declare that the information given in this form is correct. And I promise to uphold the constitution and abide by all other rules and regulations governing the guild. I will accept any disciplinary actions against me if discovered to have given false information.
2. Enclosed are:
  - 4 recent coloured passport photographs duly signed
  - 1 recent coloured 5"x7" photograph
  - Photocopy of receipt for form
  - Copy(s) of work(s)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CHOICE OF SCREENING CENTRE: (Tick your choice)**

Abuja  Lagos  Benin  Portharcourt  Asaba  Jos  AkwaCross  Ibadan  Kaduna

**CHOOSE THE MEMBERSHIP STATUS DESIRED**

Fellow  Full Membership  Associate  Student  Trainee

**REFEREE:**

I declare that the above named person is very well known to me, and all information given by him/her are true/correct. He/She is suitable for membership of the Directors' Guild of Nigeria

| Name of Referee | Address | Profession | Signature |
|-----------------|---------|------------|-----------|
|-----------------|---------|------------|-----------|

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

1. Verify Documents Enclosed
  - a). 4 recent coloured passport photographs duly signed
  - b). 1 coloured 5"x7" photograph
  - c). Photocopy of receipt of payment
  - d). Copy (s) of work(s) provided
2. Rating:
  - a) Excellent
  - b) Good
  - c) Average
  - d) Fair
  - e) Poor
3. Membership Approval \_\_\_\_\_
4. Category/Classification \_\_\_\_\_
5. Any Other Recommendation \_\_\_\_\_
6. Registration No \_\_\_\_\_

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Secretary