



NIGERIAN FILM FESTIVALS ASSOCIATION

MEMBERSHIP FORM

Nomenclature of the Festival

Name of the Festival Founder/Director

Official Address of the Festival

Phone No.: E-Mail:

Hosting City of the Festival Festival Date(s)

CLASSES OF MEMBERSHIP (PLEASE TICK ONE)

Full Membership

Associate Membership

Trainee Membership

When was your Festival established?

How many editions has been held?

REFEREES (SHOULD BE FILM FESTIVAL OWNERS OR ACCOMPLISHED FILM PRACTITIONERS)

- I, _____ hereby append my signature below to confirm the authenticity of _____
Signature
- I, _____ hereby append my signature below to confirm the authenticity of _____

OFFICIAL REMARK

This membership application is _____ by the secretariat of Nigeria Film Festivals Association

Signature Date Designated Officer