

APPLICATION FOR MEMBERSHIP OF THE ADA

Forename:	_____	Surname:	_____
Address:	_____		
Town:	_____		
County:	_____		
Post Code:	_____	Country:	_____
Home Phone:	_____	Mobile:	_____
Email:	_____		
Grade:	_____	Agent / Diary:	_____
BECTU Mem. No:	_____		

**SUBSCRIPTION RATES (from April 2018)** Please tick a box

**BECTU members + £25 Joining Fee**

1st Assistant Director	£65
2nd Assistant Director	£50
3rd Assistant Director	£40
Set Runner/ADA Trainee	£40

**Non-BECTU members + £45 Joining Fee**

1st Assistant Director	£95
2nd Assistant Director	£75
3rd Assistant Director	£55
Set Runner/ADA Trainee	£55

**To the Committee,**

I wish to apply for the membership of the ADA, and confirm that my work brings me into physical contact with the responsibilities of being on a professional film set. I am willing to comply with the Terms and conditions of membership, which can be found [here](http://adauk.org/join-ada/ada-membership-terms-conditions/).

I am willing to actively support the objectives of the ADA. I also agree that my name and contact details can be used in the dissemination of information and publication of ADA material.

I enclose the following information, understanding that an incomplete set of documentation will render application invalid

- This fully completed and signed application form
- Minimum 2 ADA member references
- A copy of my CV and recent photo (for website Find an AD page)
- A copy of my earliest and latest call sheet (showing name and position)
- £25 or £45 Joining Fee (as appropriate) paid via PayPal using email admin@adauk.org
- Joining Fee - date paid:

**Please note: All subscriptions are only payable by annual Bank Standing Order**

**Signature:** \_\_\_\_\_ **Date:**        /        /

PLEASE EMAIL YOUR COMPLETED APPLICATION FORM AND SUPPORTING MATERIAL TO:  
**membership@adauk.org**

The Assistant Directors Association

c/o Halliford Studios, Manygate Lane, Shepperton, TW17 9EG

Website: [www.adauk.org](http://www.adauk.org)

FOR OFFICAL USE ONLY

YES	NO		PENDING	MEMBERSHIP No:
FEE	CV		NOMS	PROCESSING DATE:

Applicants Forename:

Surname:

**ADA REFEREES TO COMPLETE**

Please include written references from minimum 2 ADA members, as your application cannot be processed without these references. ADA members can now provide a reference by emailing the ADA: [membership@adauk.org](mailto:membership@adauk.org), with the name of the applicant as the subject title. Referees names must still be listed on the form below.

Should you have difficulty in finding two ADA members to act as referees, please notify us to arrange one of the committee to contact you directly.

<b>ADA Member's Name</b>	_____
<b>Mobile:</b>	_____
<b>Email:</b>	_____
<b>Signature (if possible)</b>	_____
<b>ADA Member's Name</b>	_____
<b>Mobile:</b>	_____
<b>Email:</b>	_____
<b>Signature (if possible)</b>	_____

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MEMBERSHIP No:
PROCESSING DATE:

**The Assistant Directors Association**

c/o Halliford Studios, Manygate Lane, Shepperton, TW17 9EG

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