



FILM AND VIDEO TRAINING INSTITUTION'S ASSOCIATION

P.O.Box 25454, Kampala (Uganda) Ggaba Kawuku road.

Tel: +256 753 090 032 E-mail:info@fvtiaug.org

MEMBERSHIP APPLICATION FORM

1. Name of Institution
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2. Postal Address.....
3. Physical address.....
4. Institution's telephone/fax number(s) / e-mail address.....
.....
5. Is your institution a Government, Government-aided, Private / Business or Non-Governmental / CBO?.....
6. Is your institution international or local? (if international, where is the headquarter and which other countries is it operational?).....
7. Is your Institution registered with any authority / association? (if yes, please specify the category of registration and attach a copy of the certificate).....
8. State year the institution started to operate
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9. Objectives of the Institution.....

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10. Does your Institution have a Committee or Board? (if yes, please attach the list with their contact details).....

11. State the number of employed personnel:

Full-time paid staff: Voluntary unpaid staff:.....

12. Number of branches or campuses and their locations:.....

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13. Subjects or Courses offered:.....

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14. Any Institution's past achievements or research projects accomplished: (if yes, please attach photos / CDs).....

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15. Institution's sources of funding.....

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16. Institution's major challenges

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17. Required assistance or support from the Association:

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I, the undersigned, hereby declare that the information given in this application form is true and correct.

DATE: (day) _____ (Month) _____ (Year)_____

SIGNATURE: _____

NAME: _____

POSITION: _____