



APPLICATION FOR MEMBERSHIP TO THE GBCT

<b>Forename:</b>	_____	<b>Surname:</b>	_____
<b>Address:</b>	_____		
<b>Town:</b>	_____		
<b>County:</b>	_____		
<b>Postal Code:</b>	_____	<b>Country:</b>	_____
<b>Home Phone:</b>	_____	<b>Mobile:</b>	_____
<b>Email:</b>	_____		
<b>Job Title/Grade:</b>	_____		

REGISTER

You are able to register in two grades where the Board agrees that a possible 'overlap' situation exists, i.e. Clapper Loader and Documentary Camera Assistant.

If you would like the Board to consider a request for an additional listing (subsequent to your Grade listed above), please indicate it here:

\_\_\_\_\_

What type of Annual Membership would you like to be considered for?

<b>Full Member @ £185</b>	<b>Overseas Member @ £120</b>
<b>Associate Member @ £100</b>	<b>Retired Member @ £25</b>

To the Board of Governors,

I wish to apply for membership of The Guild of British Camera Technicians, and confirm that my work brings me into physical contact with moving image cameras. I confirm that I am willing to comply with the Terms of the Constitution (available on request from the office or online at [www.gbct.org](http://www.gbct.org)), and that I am willing to actively support the objectives of the Guild.

I enclose the following information as part of the application process and understand that an incomplete set of documentation will render this application invalid:

- o This signed application form
- o A signed Nominees form
- o A hard copy of my CV
- o £65.00 Entrance Fee made payable to GBCT (returnable if application unsuccessful)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ /200

PLEASE RETURN YOUR COMPLETED APPLICATION FORM AND SUPPORTING MATERIAL TO:

**The Guild of British Camera Technicians**  
**The Panavision Building. Metropolitan Centre. Bristol Road.**  
**Greenford. Middlesex. UB6 8GD. UK**

Tel: +44 (0) 20 8813 1999

Fax: +44 (0) 20 8813 2111

email: [admin@gbct.org](mailto:admin@gbct.org)

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

FOR OFFICE USE ONLY

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

Applicant's Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

**NOMINEES TO COMPLETE**

Please include written references from 4 GBCT members, as your application cannot be processed without these references. \*Two signatories can be BSC Members\*

<b>GBCT Member's Name</b> _____ <b>Your comments please</b>   <b>Signature</b> _____
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<b>GBCT Member's Name</b> _____ <b>Your comments please</b>   <b>Signature</b> _____

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MEMBERSHIP NO:
PROCESSING DATE: