



APPLICATION FOR NEW MEMBERSHIP

To,		
The President/ General Se Association Of Cine &	ecretary Television Art Director's Of Southern India	
Applicant Name	i .	
Age	:	
Residential Address	:	
Contact No	:	
Email ID	:	
Designation for Member: I		
Date:		
Recommended by:		
	Membership No	
2	Membership No	
	Yours Faithf	fully