



195 Ponsonby Rd
PO Box 47-294
Ponsonby
Auckland
New Zealand

+64 (0) 9 360 2102
www.sdgznz.co.nz

MEMBERSHIP APPLICATION FORM

FULL MEMBERSHIP is open to any Screen Director or Editor with a minimum of twenty minutes of credited screen time. In the case of Directors or Editors of music clips, commercials or animation, the SDGNZ take a flexible approach to the screen time required.

SECONDARY MEMBERSHIP open to any full member of Nga Aho Whakaari who works as a Director or Editor.

ASSOCIATE MEMBERSHIP available to any individual who wishes to support the SDGNZ, including Emerging Directors and Editors.

STUDENT MEMBERSHIP available to full time students only. Applicants must enclose a photocopy of their current Student Identification Card.

*Membership approval is subject to the discretion of the SDGNZ. Associate and student members do not have voting rights.

Please complete your details below:

Name:

Address:

Work Phone: Home Phone:

Fax Mobile:

Email address:

As part of your SDGNZ membership you will receive the bimonthly 'Directors and Editors Online' as well as other news bulletins we feel is of interest to our members. Please tick the box below if you do NOT want to receive emails from SDGNZ (you can unsubscribe at any time): []

Please indicate whether you are a director and/or editor member: DIRECTOR / EDITOR

Please indicate if you are a current member of any of our following Affiliation guilds:
DGA / DGC / DGGB / BECTU / SDGI / ASDA

Please provide Directing/Editing Credits for works completed and broadcast/screened:
(Please supply on a separate piece of paper if the space below is insufficient)

MEMBERSHIP SUBSCRIPTION

Please choose from the annual membership choices below. Indicate the one applicable to yourself and send in a cheque, along with your name on the back:

TAX INVOICE – GST No. 69-712-789

MEMBERSHIP (Circle one amount)	Standard annual sub	Secondary members sub
Full – Income 75k plus	\$450.00	225.00
Full – Income 40-75k	\$225.00	112.50
Full – Income less than 40k	\$140.63	70.31
Associate	\$101.25	
Student	\$56.25	
Student (institutional)	\$12.50	

Please make your cheque payable to "Screen Directors Guild of NZ" and post to Executive Director, SDGNZ, PO Box 47-294, Ponsonby, Auckland 1034, New Zealand OR direct credit to 01-0102-0024927-00.

SIGNED:..... DATE:.....

OFFICE USE ONLY:

Payment received Entered in d-base Date entered ____/____/____ Membership # _____

Email list TAKE mailing list Membership card Thank you letter



195 Ponsonby Rd
 PO Box 47-294
 Ponsonby
 Auckland
 New Zealand
 +64 (0) 9 360 2102
 www.sdgznz.co.nz

AUTHORITY TO PUBLISH PERSONAL INFORMATION ON SDGNZ WEBSITE

I _____, a member of the Screen Directors Guild of New Zealand (SDGNZ), give authority to the SDGNZ to publish my personal details on their website. These details will be limited strictly to the below information (only complete the details which you would like to be published):

Name: _____

Professional Title (eg. Director/Editor): _____

Directing / Editing Credits:

Please indicate category type(s) next to each title: **A**- Animation; **C**-comedy; **Doc**-documentary; **Dr**-drama; **FF**-Feature Film, **L**-live event; **M**-music video, **R**-reality; **NB**-non-broadcast; **S**-short film; **T** – theatre; **TVC**-television commercial, **TVP** – television programme (regular, multiple-series). Please also note year of broadcast for each title.

Contact details
 (your email address and phone number is suggested here, or your Agents or Managers contact details)

Email: _____

Phone: _____

I understand that the details that I have supplied may be published on the SDGNZ website (www.sdgznz.co.nz) in full or in part by the SDGNZ, or not at all. I also understand that the SDGNZ will not be made responsible for any communications by third parties, as a direct result of this publication. Nor will the SDGNZ be made responsible for any duplication of this information by third parties.

The information I have supplied is true and correct. Any updates I require to be made to my details, or notification of the removal of my details, must be given to the SDGNZ in writing to: office@sdgznz.co.nz and these changes will be made by the SDGNZ on an “as soon as possible basis”.

I give the above authority freely, with the full understanding that the Privacy Laws of NZ entitle me to withhold this authority.

SIGNED: _____

DATE: _____

OFFICE USE ONLY:

Payment received	<input type="checkbox"/>	Entered in d-base	<input type="checkbox"/>	Date entered	___.___.__	Membership	# _____
Email list	<input type="checkbox"/>	TAKE mailing list	<input type="checkbox"/>	Membership card	<input type="checkbox"/>	Thank you letter	<input type="checkbox"/>