



ACTORS.LU

Association des actrices et des acteurs du Luxembourg

ACTORS.LU APPLICATION FORM

For Luxembourg residents

Name:

Fist name:

Nationality:

E-mail address:

I have played in 4 Productions, financed either:

- by the Film Fund
 - by a member structure of the Theater Federatioun
 - by a company approved by the Ministry of Culture
- in the last 3 years (excluding figuration or silhouette):**

1. Name of production and year:

2. Name of production and year:

3. Name of production and year:

4. Name of production and year:

or

Full-time professional training of at least 3 years in an actor's school within the 10 years preceding the application for membership.

Name of the school:

Period of training (e.g. 2015-2019):

or

I have pursued a professional activity (as an actor) abroad in the 10 years preceding my application. This activity appears on my CV.

Please send to adhesion@actors.lu:

- This completed form
- your CV
- certificate of residence