



ACTORS.LU

Association des actrices et des acteurs du Luxembourg

## ACTORS.LU APPLICATION FORM

Name:

Fist name:

Nationality:

E-mail address:

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### **I have played in 3 Productions, financed either:**

- by the Film Fund

- by a member structure of the Theater Federatioun

### **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:

**or**

**I am under 26 years of age**, have completed a **full-time professional training of at least 3 years** in an acting school and have obtained a role in **1 production** (supported by Film Fund Luxembourg or one of the members of the Theaterfederatioun).

Name of the school:

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

Name of production and year:

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### **In a few words, why are you interested in joining the association ?**

Please send to [adhesion@actors.lu](mailto:adhesion@actors.lu):

- this completed form
- your CV