



Indian Independent Filmmakers worldwide

Members Registration

Category: Producers / Directors / Artists / Writers & Technicians / Associate Members / Students
(Select one)

Name: _____

Date of Birth: _____

Nationality: _____

Profession: _____

Education Qualifications: _____

Biography: _____

Filmography: _____

Why I joined IIFw: _____

Address: _____

Tel Nos.: _____

Fax: _____

Email: _____

Company Name (if any): _____

Achievements:

Awards / Facilitation / Acclaims

Project/s Under Production:

1. _____

2. _____

3. _____

Project/s in Development:

1. _____

2. _____

3. _____

Links:

Reference (name of IIFw member) :

1. _____

2. _____

Date: _____

PI email photos to info@iifw.in
[not more than 3; not more than 150kb]