

Application for CREW MEMBER LISTING with the Montana Film Office

Contact information:

Name _____
 Address _____
 City/State/Zip _____
 Phone 1 _____ Phone 2 _____ Fax _____
 E-mail _____ Website _____

OFFICE
 USE
 ONLY

Industry category(ies): Maximum of 3.

Verification enclosed?

1. _____ Yes No
 2. _____ Yes No
 3. _____ Yes No

Film Credits: Maximum of 3.

Verification required for ALL credits. Credits will not be listed without verification (call sheet, crew list, pay stub)

Production Title/Production Company	Position	Year	Verification enclosed?
1. _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

Special skills, experience, etc. (30 word maximum) _____

Willing to work statewide as a local? Yes No

Signature _____ Date _____

Enclose resume & credit verification and return to:
 Montana Film Office
 Attention: Maribeth Goodrich
 301 S. Park Ave. - PO Box 200533
 Helena, MT 59620
 Fax: 406/841-2877

Questions ?
 Call 406/841-2876

Date Received