



ART DIRECTORS GUILD

ART DIRECTORS COUNCIL PORTFOLIO REVIEW

APPLICATION FORM

APPLICATION NO.

OFFICE USE ONLY

DATE RECEIVED

PLEASE COMPLETE
&
SUBMIT APPLICATION TO:

ART DIRECTORS GUILD
11969 VENTURA BLVD.
SECOND FLOOR
STUDIO CITY, CA 91604
TELEPHONE 818-762-9995
OR EMAIL: portfolio@adg.org

DATE OF APPLICATION

PERSONAL INFORMATION

LAST NAME FIRST NAME MIDDLE INITIAL

STREET ADDRESS AND/OR MAILING ADDRESS

CITY STATE ZIP CODE

COUNTRY

TELEPHONE NUMBER CELL PHONE NUMBER

EMAIL ADDRESS WEB SITE

APPLICATION SUBMISSION FEE: \$200.00 (NON-REFUNDABLE)
AN APPLICATION SUBMISSION FEE OF **\$200.00 MUST ACCOMPANY** THIS PORTFOLIO REVIEW APPLICATION FORM.
APPLICATION FORM WILL NOT BE PROCESSED WITHOUT SUBMISSION FEE OF **\$200.00.**
PLEASE SUBMIT THE APPLICATION FEE IN **CHECK/OR MONEY ORDER/CREDIT CARD**
PLEASE MAKE **CHECKS OR MONEY ORDERS** PAYABLE TO: **"ART DIRECTORS GUILD"**

PORTFOLIO MATERIALS

ALL PORTFOLIO REVIEW MATERIALS MUST BE SUBMITTED DIGITALLY TO THE PORTFOLIO REVIEW WEBSITE. The link will be provided to you after you have submitted this form

I CERTIFY THAT THE INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND CORRECT

SIGNATURE DATE