



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