



# APPLICATION FOR ORGANIZATIONAL & RELATED MEMBERSHIP

## I. Company Information

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/PC: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ WWW: \_\_\_\_\_

Year Established: \_\_\_\_\_ Type of Business: † Corporation † Partnership † Proprietorship † LLC

Taxpayer ID #: \_\_\_\_\_ DUNS#: \_\_\_\_\_

Main Contact to receive ESTA communications: \_\_\_\_\_

Main Contact email: \_\_\_\_\_

Owner/President: \_\_\_\_\_

Number of full time or equivalent full time employees, in North America, including the owner(s): \_\_\_\_\_

## II. Company Requirements

Does your company/organization:

1. Supply a product or service to the entertainment production industry? † Yes † No
2. Carry business insurance? † Yes † No (If yes, please provide proof of insurance)
3. Hold a valid business license, resale tax permit or tax exempt permit? † Yes † No (If yes, please provide copy)
4. If your company has a principal (i.e., owner, partner, officer, director, member) who has been convicted of a felony relating to fraud, theft, defalcation or similar dishonesty, you must provide location, date and nature of conviction on an attached sheet.

† Are you an Educational Institution? If yes, please give a brief description: \_\_\_\_\_

† Are you a Labor Union? If yes, please give a brief description: \_\_\_\_\_

† Are you a Non-Profit Association? If yes, please give a brief description: \_\_\_\_\_

† Are you a Producing Organization? † Commercial † Non-Profit Describe your organization: \_\_\_\_\_

† Does your company provide services to the entertainment industry such as insurance, publications, trucking, leasing, etc.?  
If yes, please describe your business activity: \_\_\_\_\_

<b>For ESTA use:</b>			
Date Received: _____	Member #: _____	Payment Method: _____	Amount: \$ _____

