



# APPLICATION FOR PROFESSIONAL SERVICES 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.
5. Derive over 50% of its income from providing professional services in any of the following areas:  Yes  No  
Consultant / Designer / Manufacturer's Rep / Project Management / Repair and Service / Systems Integrator
6. Please provide a resume or line card as appropriate.
7. Please provide a list of 5 industry references.

Company name, contact name, phone and fax:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**For ESTA use:**

Date Received: \_\_\_\_\_ Member #: \_\_\_\_\_ Payment Method: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

