



ANIMATION COUNCIL
OF THE PHILIPPINES, INC.

MEMBERSHIP APPLICATION FORM

COMPANY PROFILE

Company Name		
Address		
Tel. No.	Fax No.	Website
SEC Regn. No.	TIN No.	SSS No.
Ownership	Market Focus (<i>local and/or offshore</i>)	
Date Established in the Philippines	Office/ Branch/ Locations (<i>pls. indicate city and/or country</i>)	
Nature of Business		

AUTHORIZED REPRESENTATIVES

Main Representative	Secondary Representative
Name	Name
Designation	Designation
Telephone Number	Telephone Number
Mobile Number	Mobile Number
Email	Email

INDUSTRY BASELINE DATA

Number of Full Time Employees (<i>Latest</i>)	Latest Estimated Revenue(<i>Latest</i>)
Number of Freelance (<i>Latest</i>)	Others

****Note: Please provide names of your employees in a separate paper and attach to this form****

COMMITTEES

(Please check committee/s you want to join)

Strategic Partnership

Strategic Growth

Strategic Development

CORPORATE CAPABILITY

a) **PRODUCTS** *(type of animation)*

b) **SERVICES / COURSE OFFERINGS**

c) **EQUIPEMENT**

d) **SOFTWARE**

e) **HARDWARE**

f) **CAPACITY**

for STUDIOS: how many shows/drawings can be produced in a week? What style of shows e.g. western, Japanese, others? Please specify

for SCHOOLS: how many students can you accommodate

EXPORT MARKET: *(major project done)*

Title	Date Done	Service Provider	Mother Studios Company

• **Issues and concerns of your company from the Industry:**

• **Suggestions and ideas for the Animation Industry:**
(how ACPI can help to your company)

MEMBERSHIP CATEGORY

Please submit copy of the ff. documents to:

ANIMATION COUNCIL OF THE PHILIPPINES, INC.
IBPAP Office 5th Floor, C2 Building, 28th Street cor., 7th Avenue, Bonifacio Global City Taguig
or email us at Philippines.animation@gmail.com

- | | |
|--|---|
| <input type="checkbox"/> SEC/DTI Registration | <input type="checkbox"/> BIR/VAT Registration |
| <input type="checkbox"/> Latest Mayors/Business Permit | <input type="checkbox"/> Corporate Profile |
| <input type="checkbox"/> Fully-accomplished Application Form | <input type="checkbox"/> List of Officers |

Prepared by:

(Name and Signature)

Designation: _____

Received by:

(Name and Signature)