



APPLICATION FORM

(to be used for membership application and/or update members information)

COMPANY PROFILE		
Classification of Membership: <ul style="list-style-type: none"><input type="radio"/> INDUSTRY MEMBER (Animation production, Animation-related Services)<input type="radio"/> ACADEME MEMBER<input type="radio"/> VENDORS & SUPPLIER		
Company Name:		
Complete Address (<i>Number, Street, Subdivision/Village, Barangay, City, Country, Zip Code</i>):		
Company Profile: (Short Brief)		
Tel. No.:	Fax No.:	Website:
Company's Social Media pages, if any (e.g. Facebook, linkedIn, twitter, etc. Please provide links):		
SEC Registration No: PEZA: BOI.:	TIN No.:	SSS No.:
Ownership: (<i>Corporation/Government/Sole Proprietorship</i>)	Market Focus (e.g. local and/or offshore, etc.)	
Date Established in the Philippines:	Office/ Branch/ Locations (<i>pls. indicate city and/or country</i>)	
Nature of Business		

Reason/s for Joining:

Business Sector/Industry Covered: Kindly check or specify.

- o Animation production:**
 - 2D traditional animation
 - 3D animation
 - Interactive animation and e-learning
 - Game development
 - Web/online animation
 - Special effects
 - Stop motion animation
 - Other: (please specify)

- o Animation-related Services:**
 - Animated TV/Film distribution/producers
 - Animation/Cartoon Character/Product Licensing
 - Animation-oriented Sound/Video/Film recording and editing
 - Animation-related marketing and business consultancy
 - Other: (please specify)

- o Academe/Education**
 - University/College
 - State University
 - Training Center
 - Other: (please specify)

- o Game Development**
- o Government**
- o Other: (Please Specify)**

AUTHORIZED REPRESENTATIVES

Main Representative

ID Photo (2x2)

Full Name: _Mr. _Ms. _Mrs.

Designation:

Length of Service:

Telephone Number:

Mobile & Viber Number:

Email Address:
Birthdate:
Signature:

Secondary Representative	
ID Photo (2x2)	Full Name: _Mr. _Ms. _Mrs.
Designation:	
Length of Service:	
Telephone Number:	
Mobile & Viber Number:	
Email Address:	
Birthdate:	
Signature:	

Finance/Accounting Representative (For Billing)
Full Name: _Mr. _Ms. _Mrs.
Designation:

Length of Service:
Telephone Number:
Mobile & Viber Number:
Email Address:

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

ACADEME BASELINE DATA	
Number of Full Time Employees <i>(Latest)</i>	Number of Students <i>(Latest)</i>
Number of Freelance <i>(Latest)</i>	Number of Graduates <i>(Latest)</i>

COMMITTEES
<i>(Please check committee/s you want to join)</i>
<ul style="list-style-type: none"> o Education and Capability Development: To support improved Recruitment, Retention within the animation sector by developing and implementing human resource development programs, To support development of Animation companies capabilities in various areas of operations – strategy, marketing, financial, content development, service delivery, etc.
<ul style="list-style-type: none"> o Government Relations: To represent the Association in government forums and advocate on issues that concern the Animation industry.
<ul style="list-style-type: none"> o Marketing Communications/Ways and Means: To increase foreign awareness of the Philippines Offshore animation industry (“Brand Philippines”), To promote the Filipino animation content and Services to local and global markets, To promote the Filipino animation industry to a wider stakeholder base – current & potential animation professionals, academe, government, other local associations, general public.

- o **Membership:** To promote integrity within the membership by establishing a code of ethics for ACPI, To maintain close collaboration among member companies through regular membership meetings.

- o **Events:** To help the students and the professionals create their own intellectual Properties that be shown or sold independently, To Increase the number of skilled animators of the country, To foster camaraderie among industry practitioners , To link the animation industry and the academe and lessen if not eradicate the gap between the industry and academe, To leverage on the outsourced projects to major animation studios, To get domestic and international investors interested in partnering with local animators or companies, To leverage on the big domestic market .

CORPORATE CAPABILITY

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

b) **SERVICES / COURSE OFFERINGS**

c) **EQUIPMENT**

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/school from the industry:

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

- **Three (3) photos of studio/company or school facilities**

REQUIREMENTS

Please submit a 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 secretariat@animationcouncil.org

- € A Fully-accomplished Application Form must be submitted in the format prescribed by the Animation Council of the Philippines.
- € SEC registration documents (Corporations/Organizations/Schools/Academe/Training Center) or DTI business registration document (Partnership/sole proprietorships)
- € Current Business permit
- € Barangay Clearance
- € BIR Certificate of Registration
- € Official Logo in High Resolution file (portrait & landscape format)
- € Company/School Demo-reel/AVP
- € Company/School ID photos of each duly appointed representative
- € Three (3) photos of studio or school facilities

I read and fully understand the following: (please check)

- € Membership Privileges and Right of a Member
- € Membership Qualification
- € Application for Membership
- € Membership Dues
- € Members' Duties and Responsibilities

Submitted by:

(Name and Signature)

Designation: _____

Date: _____

Received by: (ACPI Secretariat only)

(Name and Signature)

Date: _____

Approved by: (Membership Committee/s)

(Name and Signature)

Date: _____

(Name and Signature)

Date: _____