

APPLICATION FOR MEMBERSHIP

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO THE CHAIRMAN

Membership Committee

MSAP

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Title/Position) (Name of Agency)

hereby apply for membership in your association. Upon admission, we agree and attest:

1. To bind ourselves under the By-Laws of the Association.

2. To adhere faithfully to the MSAP Code of Ethics.

3. To abide by the rules, procedures and decisions that may be promulgated by the MSAP in respect to the administration and enforcement of the above-mentioned standard of ethics.

4. To cooperate and participate actively in the implementation of the plans and projects of the MSAP in general, and the committees in particular.

5. To designate the Chief Executive or a high-ranking officer of our agency as official representative and a senior management officer as alternate representative, to attend meetings and other compulsory activities conducted by the Association.

6. To bind ourselves and adhere faithfully to the Industry Standards of Trade Practices and Conduct (TPCC) of Advertising Business.

7. To keep our financial obligations in the MSAP up-to-date and in cases of outstanding accounts, to settle the same within thirty (30) days upon receipt of notice thereof.

8. To remit promptly payment for entrance fee and annual dues, breakdown as follows:

Entrance Fee - P 25,000.00

Annual Dues - 15,000.00

New members will pay the fees/dues covering the unexpired portion of the fiscal Year (January 1 – December 31). Returning members will have to pay all arrears, if any, before its resignation or suspension and the annual dues covering the unexpired portion of the fiscal year. However, they will no longer be required to pay the entrance fee.

9. To attend regularly the general membership and special meetings of the MSAP, actively volunteer in MSAP initiatives or projects.

10. Upon voluntary withdrawal, to give the MSAP sixty (60) days written notice.

NAME OF AGENCY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS ADDRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NO. (S) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX. NO. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WEDSITE ADDRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position

REQUIRED DATA FOR MSAP MEMBERSHIP

1. NAME OF AGENCY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. DATE OF ORGANIZATION : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. BUSINESS ADDRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. CONTACT NUMBERS

Telephone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. TYPE OF ORGANIZATION :

\_\_\_\_\_\_\_\_ Single Proprietorship

\_\_\_\_\_\_\_\_ Partnership

\_\_\_\_\_\_\_\_ Corporation

6. MEMBERS OF THE BOARD :

Name Other Business Affiliations

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. OFFICERS :

Name Designation Other Affiliations

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. STOCKHOLDERS :

Name Amount of Shareholdings

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. PAID-UP CAPITAL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Required Minimum = P5,000,000)

10. DEPARTMENT MANAGER AND SUPERVISORS :

Name Designation Immediate Past

Employment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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11. NUMBER OF EMPLOYEES : \_\_\_\_\_\_\_\_\_\_\_\_\_

12. SERVICES OFFERED (Please Check)

Primary:

\_\_\_\_\_\_\_ Media \_\_\_\_\_\_\_\_ Creative Media \_\_\_\_\_\_\_\_\_\_\_ Media-Based Activations \_\_\_\_\_\_\_\_\_ Digital

\_\_\_\_\_\_\_ Media Consultancy \_\_\_\_\_\_\_\_ Social Media Management \_\_\_\_\_\_\_\_\_\_\_ Activations/Event Sponsorships

Secondary:

\_\_\_\_\_\_\_ Public Relations \_\_\_\_\_\_\_\_ Publicity

\_\_\_\_\_\_\_ Others (list here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

14. CLIENTS: ( Kindly attach the complete list of your clients and key contact information).

15. If Advertiser/Media Vendor (s) own (s) share of stocks in the agency, to what extent (as percent of total shares).

Singly \_\_\_\_\_\_\_\_\_\_\_\_\_ %

Collectively \_\_\_\_\_\_\_\_\_\_\_\_\_ %

16. RECOGNITION/ACCREDITATION:

(Kindly submit photocopy of full accreditation certificate from KBP and UPMG). Both organizations will be consulted as part of the evaluation and screening process of membership applications.

KAPISANAN NG MGA BRODKASTER SA PILIPINAS (KBP)

Accreditation/Registration Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNITED PRINT MEDIA GROUP (UPMG)

Accreditation/Registration Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. REFERENCES:

TV/Radio Broadcast Media (Network/Station) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print (Publication/Publisher) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OOH (Site Owner/Marketing Arm) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Digital (Platform Vendor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank References \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. HEREWITH SUBMITTED (CHECKLIST):

\_\_\_\_ Articles of Incorporation

\_\_\_\_ By-Laws

\_\_\_\_ Audited and Certified Financial Statement (latest/current)

\_\_\_\_ Accreditation Certificate with KBP

\_\_\_\_ Accreditation Certificate with UPMG

\_\_\_\_ Current List of Clients

