

COMMERCIAL PRODUCERS ASSOCIATION OF SOUTH AFRICA

APPLICATION FOR MEMBERSHIP

Please complete all of the following details:

1. Date of application:

2. Full Name of company:

3. Contact Person:

4. Telephone Number:

5. Mobile Number:

6. E-Mail Address:

7. Website Address:

8. Postal Address:

9. Physical Address (es):

10. VAT Number:

11. Company directors / Principal Partners / Managing Members:

12. Shareholders (To be completed if different to Question 11):

13. Names of ALL film directors / producers employed and/or represented by your company plus a brief description of their experience:

14. Description of the size, scope and business of applicant (Please include year of commencement of business / Number of full time employees / primary nature of business (commercials, documentaries, films) / Local / International work/ Facilitation, Director based work/ other):

15. Has a membership application to the CPA been previously rejected. If “yes” please supply details:

APPLICATION FOR CPA MEMBERSHIP – SUPPORTING DOCUMENTS, PROPOSERS & SECONDRS

- Note 1:** A copy of the Company’s registration is to accompany this application
- Note 2:** Proof of public liability and 3rd Party property damage for at least R10 Million to accompany this application.
- Note 3:** Proof of Personal Accident and Emergency Medical insurance for at least R500,000.00 (per incident) for crew & talent working on the company’s productions to accompany this application.
- Note 4:** This application is to be proposed and seconded by two current members of the CPA.

4.1) Name of Proposer: _____ of: _____

4.2) Name of Seconder: _____ of: _____

Note 5: Acceptance of membership is not guaranteed, refer to Part E (Page 2/3) of the CPA’s Constitution.

APPLICATION FOR CPA MEMBERSHIP: DECLARATION

The declaration form below must be signed and e-mailed to the CPA Executive Officer at bobby@cpasa.tv

I, _____ of: _____

Hereby confirm that I have read the CPA Constitution and CPA Transformation Charter as supplied with the CPA Membership application and am fully aware that, if admitted as a member, the company is legally bound by the above, the rules and regulations of the Association, including its Code of Conduct, as amended from time to time.

I also confirm that a member company shall be deemed to be responsible for the actions of its directors, members/ agents and employees.

To the best of my knowledge, the information is factual, true and accurate.

Signed: _____

Full Name: _____

(Who acknowledges that he/she is duly authorized to do so on behalf of: _____

Dated: _____ At: _____