

AN APPLICATION FOR MEMBERSHIP TO  
ASSOCIATION OF ADVERTISING PRODUCERS (ASAP)

I/We, the undersigned, desire to become (a) member(s) of the Association of Advertising Producers (a society limited by guarantee and not having a share capital) and request and authorise my/our name to be entered as (a) member(s) of the Association. I/We agree at all times to conform to and be bound by the rules made from time to time by the Association and its Articles of Association.

1. FULL NAME OF COMPANY: \_\_\_\_\_
2. REGISTERED OFFICE: \_\_\_\_\_  
\_\_\_\_\_
3. PRODUCER 1: \_\_\_\_\_  
MOBILE NUMBER: \_\_\_\_\_  
MAIL ID: \_\_\_\_\_
4. PRODUCER 2: \_\_\_\_\_  
MOBILE NUMBER: \_\_\_\_\_  
MAIL ID: \_\_\_\_\_
5. PRODUCER 3: \_\_\_\_\_  
MOBILE NUMBER: \_\_\_\_\_  
MAIL ID: \_\_\_\_\_
6. DIRECTOR 1: \_\_\_\_\_  
MOBILE NUMBER: \_\_\_\_\_  
MAIL ID: \_\_\_\_\_
7. DIRECTOR 2: \_\_\_\_\_  
MOBILE NUMBER: \_\_\_\_\_  
MAIL ID: \_\_\_\_\_
8. DIRECTOR 3: \_\_\_\_\_

MOBILE NUMBER: \_\_\_\_\_

MAIL ID: \_\_\_\_\_

9. NAME OF PRINCIPAL REPRESENTATIVE AT ASAP:

\_\_\_\_\_

10. SIGNATURE OF APPLICANT: . \_\_\_\_\_

11. DATE: \_\_\_\_\_

**NB. THE PROPOSER & SECONDER MUST SIGN THIS APPLICATION FORM GIVING DETAILS OF THEIR PRODUCTION COMPANY and EITHER MUST ATTEND THE MEMBERS MEETING WHERE THIS APPLICATION IS BEING CONSIDERED TO GIVE ADVICE TO THE MEMBERS OF THE SUITABILITY OF THE APPLICANT.**