

# 2017/2018 Entertainment Resource & Marketing Association Membership Application

Thank you for your interest in joining ERMA. By filling out the application below and the indicating that you, your company, or agency is involved in the placement of products, services, intellectual property or other tangible items in motion pictures, television shows, webcasts, video games, cellular content, plays, or other entertainment properties. Our membership committee will review your application and respond.

## Membership Requirements:

- A cover letter on your company letterhead indicating your desire to join ERMA.
- Company must have been in business for a minimum of one (1) year.
- All Applicants must provide 1 (one) reference from an ERMA member in good standing.
- Agency Members require client verification of representation from 1 (one) retainer client.
- Agency/Corporate Members require 1 (one) studio/production reference written on their letterhead.
- Membership Dues for the first year must accompany this application.

## **Part 1: Membership Classification:**

Agency: \_\_\_\_ Corporate: \_\_\_\_ Studio /Production Co.: \_\_\_\_ Individual: \_\_\_\_ Student: \_\_\_\_ Other: \_\_\_\_

## **Part 2: Contact information:**

Company Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

Time in Business: \_\_\_\_\_

Primary Company Business: \_\_\_\_\_

## **Part 3: ERMA Member Reference:**

ERMA Member: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

## **Part 4: Agency Client Reference:**

Agencies applying for ERMA Membership must provide a minimum of one (1) retainer client reference.

Client Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Website: \_\_\_\_\_

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## **Part 5: Agency Production/Studio Reference:**

Agencies and Company's/corporations applying for ERMA Membership must provide a minimum of one (1) production, production company or studio reference.

Production Company/Studio Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Client Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_ Retainer (Yes/No): \_\_\_\_\_

## **Part 6: Dues:**

Dues are payable in January of each year in the amount of \$360 or as noted in the ERMA By-Laws. Initial Dues for the 1<sup>st</sup> year of membership are prorated on a monthly basis as noted below:

- January: \$360 or February – December, prorated on a 12 month basis. If membership application is made in February, dues are (\$30 x current month + 10 remaining months or \$330.00, March (\$30 x 10 months or \$300, etc.)
- Amount Due: \$30 x \_\_\_\_\_ (Number of months remaining in calendar year) = \_\_\_\_\_

We hereby agree to abide by the ERMA Code of Ethics and the ERMA By-Laws and other rules or membership requirements as adopted by this organization. We understand the ERMA Board of Directors reserves the right to revoke this membership at any time for cause.

The undersigned hereby gives ERMA permission to contact the clients/references noted in the application above for the sole purpose of verifying membership requirements.

Accepted and Agreed to:

Applicant.

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail original application with a check made payable to "ERMA" to the following address:

- Michael Schragger, President, ERMA, 72641 Eagle Road #3, Palm Desert, CA 92260

Date Received by ERMA: \_\_\_\_\_ | Check Included \_\_\_ Yes \_\_\_ No | Ref Verified By: \_\_\_\_\_

Membership Committee: Date: \_\_\_\_\_ Approved: \_\_\_ Yes \_\_\_ No \_\_\_ See Notes

Notes: \_\_\_\_\_