



Membership Application

1 COMPANY INFORMATION

Name of company applying for IFTA Membership _____

Place/Date of Organization _____

Indicate Corporation, Partnership or other _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Office Telephone _____

Fax _____

Website _____

Email _____

Applicant's Primary Contact for IFTA:

Name & Title: _____

Telephone: _____ Email: _____

Other Key Executives/Principals (Name, Title & Email): _____

Applicant's Primary Banking Institution: _____

2 MEMBERSHIP CATEGORY (select only one after reviewing criteria & complete below)

Voting

Criteria: Applicant has been actively engaged on a continuous basis for the past 5 years in the business of licensing or representing the licensing of rights in at least 5 Theatrical Motion Pictures or Television Programs outside the U.S. in at least 20 of the top 30 territories.¹ **OR** Applicant owns/controls such titles **AND** employs, on a full-time, exclusive, paid, non-consulting basis as its **principal international licensing executive** an individual previously employed at an IFTA Member (or company that could have qualified for IFTA Membership) for at least 30 of the preceding 60 months as an executive engaged in the licensing of rights in Theatrical Motion Pictures or Television Programs to licensees engaged in distribution outside of the U.S.

Associate

Criteria: Applicant has been actively engaged on a continuous basis for at least the past year in the business of licensing or representing the licensing of rights in at least 2 Theatrical Motion Pictures or Television Programs outside the U.S. in at least 10 of the top 30 territories.¹ **OR** Applicant owns/controls such titles **AND** employs, on a full-time, exclusive, paid, non-consulting basis as its **principal international licensing executive** an individual previously employed at an IFTA Member (or company that could have qualified for IFTA Membership) for at least 18 of the preceding 36 months as an executive engaged in the licensing of rights in Theatrical Motion Pictures or Television Programs to licensees engaged in distribution outside of the U.S.

| Please Indicate Titles: | Completed or completion bond? ² | Territories represented by Applicant: (for all territories other than the U.S., indicate "worldwide") |
|-------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

¹ Argentina, Australia/New Zealand, Benelux, Brazil, Canada, CIS, France, Germany, Greece, Hong Kong, India, Indonesia, Italy, Japan, Korea, Malaysia, Mexico, Middle East/Israel, Philippines, Poland, Portugal, Scandinavia, Singapore, Spain, Switzerland, Taiwan, Thailand, Turkey, United Kingdom, and Venezuela.

² IFTA may waive the Current Business Experience for Associate Members if it provides at least two Theatrical Motion Pictures or Television Programs for which it intends to acquire the requisite rights within one (1) year of admission to Membership.

If Applicant is relying on the past business experience of its **principal international licensing executive**, please complete:

Principal International Licensing Executive: _____

| Employment History: Title / Company | IFTA Member | Dates of Employment |
|--------------------------------------------|----------------------------------------------------------|----------------------------|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / to / / |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / to / / |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | / / to / / |

3 ADDITIONAL INFORMATION & REFERENCES

Applicant authorizes IFTA to contact Applicant and third parties in order to confirm or to obtain additional information about Applicant relevant to this Application. **Please identify two individuals as third-party references who are involved in the sales, financing and/or distribution of Theatrical Motion Pictures and Television Programs:**

| Name of Reference | Company | Email |
|--------------------------|----------------|--------------|
| 1. | | |
| 2. | | |
| 3. | | |

4 CERTIFICATION, CONSENT & SIGNATURE

By signing below, Applicant certifies that the information contained in this Application is true and correct and that Applicant is not in violation of the requirements stated in the Independent Film & Television Alliance Bylaws:

- (A) Applicant may not apply for IFTA Membership or participate as a buyer or seller at any AFM until at least three (3) years after conviction of the Applicant or any principal owner or executive of Applicant, even if the principal owner or executive was not employed by Applicant at the time the violation or conviction occurred. If Applicant or any principal, owner or executive of the Applicant has been convicted, after application of due process, of copyright infringement or violation of any law relating to the copying, licensing, exhibition or selling of motion pictures or television programs then Applicant may not apply for IFTA Membership.
- (B) Applicant may not be primarily engaged in the business of distributing, exhibiting or representing the distributing, licensing or exhibition of sexually explicit or X-rated motion pictures or television programs.
- (C) Applicant has not materially failed to pay fees or other obligations owed to the Alliance or to an arbitrator employed under the Independent Film & Television Alliance Rules of International Arbitration.
- (D) Applicant has not materially and to a serious degree engaged in conduct prejudicial to the interests of the Independent Film & Television Alliance.

Applicant consents to receive information or material from the American Film Market (AFM), the Independent Film & Television Alliance (IFTA) or the IFTA Foundation or any other IFTA-related company and allows IFTA to maintain a record of Company's information.³ Completion of this Application does not confer IFTA Membership upon the Applicant. Company will be notified about its application's status and approval. Note that IFTA Membership benefits apply only upon approval of this Application and receipt of the approved Applicant's payment of the applicable Annual Membership Dues.

Signature

Date

Print Name

Title

MAIL, FAX OR EMAIL THIS COMPLETED APPLICATION TO:

Independent Film & Television Alliance,
Attn: Robin Burt 10850 Wilshire Boulevard, 9th Floor,
Los Angeles, California 90024-4321 Fax: +1-310-446-1600 Email: rburt@ifta-online.org

³ Consent may be withdrawn at any time by notifying the IFTA in writing.