



# Membership Application

Corporate Member

## Do not write in this block ( Filled in by the IDC )

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First reviewed by (File number)  No. _____	Pass the first review	Review comments
Aesthetics _____ Communication skill _____ Screativity _____ Functionality _____ Originality _____ Symbolism _____	<input type="checkbox"/> Professional Level <input type="checkbox"/> Elementary Level	

### Please fill in the relevant information

#### Part 1. Fill in relevant information

Name of organization:	Legal representative:	Citizenship:
Business registration certificate number:	Name of applicant:	
Enterprise type: <input type="checkbox"/> State-owned <input type="checkbox"/> Private <input type="checkbox"/> Foreign-invested <input type="checkbox"/> Joint venture <input type="checkbox"/> Other		
Number of employees:	Office Tel:	Fax:
Principle line of business: <input type="checkbox"/> Visual communication <input type="checkbox"/> Industrial product <input type="checkbox"/> Clothing & Ornaments <input type="checkbox"/> Spatial & Environmental <input type="checkbox"/> Video animation <input type="checkbox"/> Multimedia interaction <input type="checkbox"/> Other		
Website:	E-mail:	
Social media account:	Telephone number: (include area code)	
Mailing address:		

#### Part 2. Signature of applicant

I certify that the information provided on this form is true and correct, and I understand that submission of false information is grounds for rejection of application.

\_\_\_\_\_  
Signature of applicant