



SEAPAVAA

SouthEast Asia-Pacific AudioVisual Archive Association

Application for Associate Individual Membership

Email to secretariat@seapavaa.net

mnavato.seapavaa@gmail.com

PERSONAL INFORMATION

Name: _____

Address: _____

Tel. No: _____

Fax No: _____

**Email
Address:** _____

INSTITUTIONAL AFFILIATION

Current: _____

Previous: _____
(with date) _____

CURRICULUM VITAE and REFERENCES

I will email/ send:

- a copy of my career history and qualifications
- a reference from _____ supporting my application *(a current full member of SEAPAVAA)*



DECLARATION (*Please complete relevant declaration*)

I declare that I will subscribe to the objectives of the Association and abide by its rules. I will work in cooperation with existing members in my country.

Signature: _____

Date submitted: _____