



**Application for Associate Institutional Membership**

Email to [secretariat@seapavaa.net](mailto:secretariat@seapavaa.net)

[mnavato.seapavaa@gmail.com](mailto:mnavato.seapavaa@gmail.com)

**ORGANIZATION OR INSTITUTION:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tel. No:** \_\_\_\_\_

**Fax No:** \_\_\_\_\_

**Website  
Address:** \_\_\_\_\_

**REPRESENTATIVE:**

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Tel. No:** \_\_\_\_\_

**Fax No:** \_\_\_\_\_

**Email  
Address:** \_\_\_\_\_



**DECLARATION** (*Please complete relevant declaration*)

---

*Name of Institution / Association- Applicant*

I declare that this organization/institution is an audiovisual archive within the definition set out in Article I of the Constitution, and that it will subscribe to the Constitution and objectives, abide by the rules of the Association and will work in cooperation with existing members in \_\_\_\_\_.

*Name of Country*

Signature of Representative: \_\_\_\_\_

