



SEAPAVAA

SouthEast Asia-Pacific AudioVisual Archive Association

Application for Full Institutional Membership

Email to secretariat@seapavaa.net

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: _____



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DESCRIPTION OF ARCHIVE / INSTITUTION / ASSOCIATION

Following is a description of my archive/institution/association and its objectives.
For archives, please include collection size, budget, staffing, and policies.

Submitted by: _____

Email: _____

Date submitted: _____