

**SEAPAVAA**

SouthEast Asia-Pacific AudioVisual Archive Association

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**Application for Associate Individual Membership**

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

**PERSONAL INFORMATION**

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

**Email address:** \_\_\_\_\_

**INSTITUTIONAL AFFILIATION**

**Current:**

\_\_\_\_\_

**Previous**

*(with date)*

\_\_\_\_\_

\_\_\_\_\_

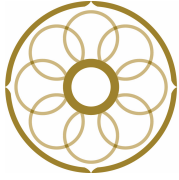
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**CURRICULUM VITAE and REFERENCES**

**I will email/ send:**

a copy of my career history and qualifications

a reference from \_\_\_\_\_ supporting my  
application (a current member of SEAPAVAA)



SEAPAVAA

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