

**SEAPAVAA**

SouthEast Asia-Pacific AudioVisual Archive Association

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**Application for Associate Institutional Membership**

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

**ORGANIZATION OR INSTITUTION**

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

**Website address:** \_\_\_\_\_

**REPRESENTATIVE**

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

Ms. / Mrs.

Mr.

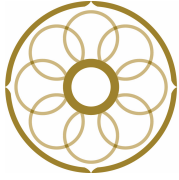
I prefer not  
to say

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

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

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

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



SEAPAVAA

SouthEast Asia-Pacific AudioVisual Archive Association

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

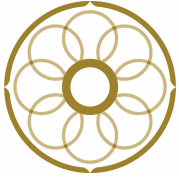
\_\_\_\_\_  
*Name of Institution / Association of Applicant*

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: \_\_\_\_\_

Date signed: \_\_\_\_\_



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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 projects.

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Submitted by: \_\_\_\_\_

Email: \_\_\_\_\_

Date submitted: \_\_\_\_\_