

SEAPAVAA

SouthEast Asia-Pacific AudioVisual Archive Association

Application for Full Institutional Membership

Email to 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: _____



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DECLARATION *(Please complete relevant declaration)*

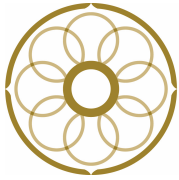
Name of Institution / Association of Applicant

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.

Submitted by: _____

Email: _____

Date submitted: _____