



VAPAC MEMBERSHIP APPLICATION

NAME OF PERFORMING ARTS CENTRE / VENUES

.....

POSTAL ADDRESS

.....

.....**POSTCODE**.....

TELEPHONE.....**FAX**.....

EMAIL.....

MANAGER NAME.....

TITLE.....

The(Owner Name)

applies to become a **FULL MEMBER / ASSOCIATE MEMBER** (please circle the appropriate membership) of the Victorian Association of Performing Arts Centres.

Please attach the following information to this application for membership:

- a statement of purpose and aims
- a copy of the constitution or rules of incorporation
- a list giving names addresses and occupation of office bearers
- particulars of buildings, facilities, capacities, arts programs, staffing and hours of opening whereby the Performing Arts Centre’s status may be determined
- an outline of the extent and nature of the support of the Municipal Council of the area in which the Performing Arts Centre is established.

SIGNATURE

DATE / /