



**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 / ASSOCIATE MEMBER (NON VENUE)**  
(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 – where appropriate
- a copy of the constitution or rules of incorporation – where appropriate
- a list giving names addresses and occupation of office bearers – where appropriate
- 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/ or owner of the area in which the Performing Arts Centre is established.

**SIGNATURE**..... **Date** .....