



Application for Affiliated Membership of Regional Arts NSW

This form must be completed by an office bearer of a regional arts organisation to become an affiliate member of Regional Arts NSW to participate in group insurance.

Organisation Information

Name of organisation	
ABN/ or Incorporation Registration Number	
Main activity of business	
Postal Address	
Principal place of business	
Telephone Number	
Fax Number	
Mobile	
E-mail Address	

Contact Person

Name	
Position	
Street Address	
Town Postcode	
Home Phone	
Work Phone	
Fax Number	
Mobile	
E-Mail Address	

We are interested in: (please check box)

Public Liability Insurance

Voluntary Workers Personal Accident & Injury Insurance

What are the main activities of your organisation for which you will be using volunteer workers?

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How many volunteers do you expect to use at your events?

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

Return to Regional Arts NSW. Email finance@regionalartsnsw.com.au. Fax: 02 9270 2552
Mail: Level 1 The Arts Exchange 10 Hickson Rd The Rocks NSW 2000.