



## Application for Affiliate Membership

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

### 1. Organisation Information

Name of Organisation	
ABN or Incorporation Registration Number	
Main activity of Business	
Postal Address	
Principle place of Business	
Telephone Number	
Fax Number (If Applicable)	
Mobile	
Email Address	

### 2. Contact Person

Name	
Position	
Street Address	
Town Postcode	
Home Phone	
Work Phone	
Fax Number (If Applicable)	
Mobile	
Email Address	



### 3. Insurance

We are interested in:

- Broadform Liability (Public Liability) Insurance
- Voluntary Workers Personal Accident & Injury Insurance

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

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

### 4. Agreement and Signature

By submitting this application, I affirm that the facts contained within are true and complete.

Name (Printed)	
Signature	
Date	

**Return to Regional Arts NSW**

Level 1, The Arts Exchange  
10 Hickson Road,  
The Rocks, NSW 2000

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