

MEMBERSHIP APPLICATION FORM

Illawarra Association for the Visual Arts

(Incorporated under the *Associations Incorporation Act 2009*)

Please email to contact@iavacontempart.org or post to IAVA PO Box 68 Fairy Meadow 2519

Please get in touch with any queries.

What is IAVA?

IAVA is not-for-profit, artist-run initiative. It's a support network cultivating and promoting the Illawarra's contemporary visual artists and their work.

What are we looking for in your application?

- An exhibition history
- Formal qualifications **and /or** evidence of your own research/enquiry
- Willingness to contribute to IAVA and work as a team.
- Technical competency in your chosen media
- Evidence of original, contemporary works
- Please submit images that are well lit; photographed front on; cropped to remove everything except the image; jpeg format, maximum 1000 pixels high or wide, minimum 600 pixels high or wide). Send the jpegs with the file name as follows: Your name_image title_year_media_size h x w
- If you are involved with an exhibition running at the time of your application, or one is coming up soon, please let us know.
- Do you know any existing IAVA members?

The *Application for Membership form* gives us the information we legally need for the Association's records. This form will be shared between committee members to record your contact details as required under IAVA's '*Model Constitution*' and the *Association Incorporation Act*. Your details will not be revealed to any other sources without your prior consent.

These are the Objects (that is, the underlying purpose) of our Association. Please tick each box to indicate you've read and agree.

<input type="checkbox"/>	To provide a support network to promote, encourage and advance the interests of persons and groups engaged in the Illawarra's Contemporary visual arts and in related areas or fields;
<input type="checkbox"/>	To promote, encourage and advance the understanding and appreciation of Illawarra's Contemporary visual arts in Australia and overseas by exhibitions, meetings, seminars, research, public statements, collection and distribution of information and otherwise as the Association may determine;
<input type="checkbox"/>	To represent and to make recommendations to appropriate bodies on behalf of and in relation to Illawarra's Contemporary visual arts or its members;
<input type="checkbox"/>	To cultivate the professional careers of members engaged or likely to be engaged in Illawarra's contemporary visual arts;
<input type="checkbox"/>	To promote, encourage and facilitate cooperation amongst or between members and all persons involved or interested in Illawarra's Contemporary visual arts;

Reason for wanting membership: How would membership benefit your career or further your artistic development?

Safety precautions

IAVA's Insurance policies require members to work in a safe manner at all times, including doing research, planning shows, sourcing materials, creating works and working on exhibitions. You need to use appropriate protective gear, and tools must be fitted with protective equipment. Please state what specific precautions you take with your own practice:

In what way can you contribute your time/expertise/advice? (tick any that may apply)

- | | |
|---|--|
| IAVA Exhibitions: exhibit <input type="checkbox"/> | I have admin skills <input type="checkbox"/> |
| IAVA Exhibitions: curate <input type="checkbox"/> | General support: <input type="checkbox"/> |
| Attend IAVA meetings <input type="checkbox"/> | Social media skills <input type="checkbox"/> |
| Serve on committee <input type="checkbox"/> | Other skills <input type="checkbox"/> |
| Help with updating/maintaining website <input type="checkbox"/> | |
| Run workshops <input type="checkbox"/> | |
| Help with Grant applications <input type="checkbox"/> | |

Local government area: (please tick) W'gong: Shellhbr: Kiama: Other:

DOB: / / Phone: Email:

Website: Social media:

ABN:

Your main art practice:

I, (full name) _____

of (full address) _____

hereby apply to become a member of the **Illawarra Association for the Visual Arts Inc.** In the event of my admission as a member I agree to be bound by the constitution of the Association for the time being in force.

I agree to pay a joining fee of \$20 (this includes an artist's page on website and admin costs) in addition to a \$60 annual membership fee. (Family membership is \$50 per person; each family member must submit a form). I understand group exhibition fees/commission fees may apply when participating in IAVA exhibitions. I am over the age of 18 years.

I have provided:

- 5 images of my work (see previous notes for details);
- CV (2 page maximum, include exhibition history);
- Artist Statement (max. 250 words), or if you're applying as an arts worker please describe the rationale that drives your practice.
- Statement by supplier if no ABN
- This is part of a Family Membership Y / N

Signed: _____ Date: _____

The IAVA committee endeavours to consider each applicant in a consistent, objective and professional manner. We will contact you once a decision has been made.
Thank you for applying.

OFFICE USE ONLY:

PAYMENT DATE: