

## FIJI ARTS COUNCIL MEMBERSHIP FORM

### 1. REQUIREMENTS

- |   |   |
|---|---|
| <input type="checkbox"/> FIJIAN MADE LICENSE        | <input type="checkbox"/> FAC MEMBERSHIP FEE <b>(\$10)</b> |
| <input type="checkbox"/> BUSINESS LICENSE           | <input type="checkbox"/> FNPf MEMBERSHIP                  |
| <input type="checkbox"/> LATEST PASSPORT PHOTO (x1) | <input type="checkbox"/> BIRTH CERTIFICATE                |
| <input type="checkbox"/> TIN / FNPf NO.             | <input type="checkbox"/> PHOTOS OF ART WORK<br>(Email/FB) |

LATEST PASSPORT  
PHOTO (x1)

### 2. PERSONAL INFORMATION

MR \_\_\_\_\_  
MS \_\_\_\_\_  
MRS \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ FNPf #: \_\_\_\_\_ TIN #: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ RACE: \_\_\_\_\_ RELIGION: \_\_\_\_\_

VILLAGE: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ COMMUNITY: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ POSTAL ADDRESS: \_\_\_\_\_

PHONE / MOBLIE CONTACT: \_\_\_\_\_ FACEBOOK PAGE: \_\_\_\_\_

BIRTH CERTIFICATE #: \_\_\_\_\_ ARE YOU A FIJI CITIZEN? ☐ YES / ☐ NO

### 3. BUSINESS INFORMATION

INDIVIDUAL ☐ GROUP ☐

NAME OF HEAD OF ORGANISATION / GROUP: \_\_\_\_\_

DATE OF ESTABLISHMENT (Organisation / Group): \_\_\_\_\_

LOCATION OF THE BUSINESS: \_\_\_\_\_

FIJIAN MADE LICENSE NO.: \_\_\_\_\_

DATE OF FIJIAN MADE LICENSE ISSUE: \_\_\_\_\_ DATE OF FIJIAN MADE LICENSE EXPIRE: \_\_\_\_\_

BUSINESS LICENSE NO.: \_\_\_\_\_

DATE OF BUSINESS LICENSE ISSUE: \_\_\_\_\_ DATE OF BUSINESS LICENSE EXPIRE: \_\_\_\_\_

SHORT BIO OF YOUR BUSINESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. ARTS SPECIALITY** *(Please Tick the box that you are speciality)*

- |   |   |
|---|---|
| <input type="checkbox"/> VISUAL ART               | <input type="checkbox"/> MUSIC BAND     |
| <input type="checkbox"/> SCULPTURE ART            | <input type="checkbox"/> COMPOSER       |
| <input type="checkbox"/> PHOTOGRAPHY              | <input type="checkbox"/> FLORAL ART     |
| <input type="checkbox"/> TRADITIONAL DANCE (MEKE) | <input type="checkbox"/> FASHION DESIGN |
| <input type="checkbox"/> CONTEMPORARY DANCE       | <input type="checkbox"/> LITERARY ART   |
| <input type="checkbox"/> OTHER _____              |   |

**5. CRAFTS SPECIALITY** *(Please Tick the box that you are speciality)*

- | <u>TRADITIONAL</u>                        | <u>CONTEMPORARY</u>                      |
|---|--|
| <input type="checkbox"/> WEAVING          | <input type="checkbox"/> JEWELLERY       |
| <input type="checkbox"/> POTTERY          | <input type="checkbox"/> SCREEN PRINTING |
| <input type="checkbox"/> CARVING          | <input type="checkbox"/> TIE & DYE       |
| <input type="checkbox"/> MASI             | <input type="checkbox"/> CULINARY        |
| <input type="checkbox"/> MAGIMAGI WEAVING | <input type="checkbox"/> SEWING          |
| <input type="checkbox"/> OTHER _____      |  |

**6. EMERGENCY CONTACT**CONTACT PERSON 1

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_  
 PHONE NO.: \_\_\_\_\_

CONTACT PERSON 2

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_  
 PHONE NO.: \_\_\_\_\_

**7. FEES**

FAC MEMBERSHIP FEE AMOUNT (\$) \_\_\_\_\_

**8. DECLARATION**

I, \_\_\_\_\_ HEREBY DECLARE THAT ALL THE INFORMATION THAT IS PROVIDED IS TRUE AND CORRECT.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**9. SOME OF THE BENEFITS AS A**

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| - FAC ID CARDS                       | - ACCESS TO FUNDING                |
| - ONLINE MARKETING                   | - RENEWAL OF LICENSE               |
| - FAC MARKET DAY / ANNUAL EXHIBITION | - LOCAL & INTERNATIONAL EXHIBITION |
| - FAC TRAININGS                      |                                    |

**10. OFFICIAL USE ONLY**

OFFICER'S FULL NAME: \_\_\_\_\_

RECEIPT NO.: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_