

Use this form to apply for APRA licence via affiliated State or National Caller/Cuer organisations.  
Return with payment to ACF Secretary.

**APPLICATION FOR APRA**  
BMH 013  
Edition October 2008

**REQUEST FOR APRA LICENCE**

VIA ACF AFFILIATED CALLER, CUER, OR DANCER ASSOCIATION Client Name Client Number Association

ACF Secretary Copy

Please return both forms with payment to your association

I Declare I am the Manager \_\_\_\_\_, Cuer \_\_\_\_\_, Caller \_\_\_\_\_ for the groups listed below. (Please tick one only)

I request an Australian Performing Rights Ass. (APRA) Licence for Dance Groups  No  Yes

My request is forwarded to the ACF via the \_\_\_\_\_ (Association)  SD, RD or CD

My current APRA Licence number is \_\_\_\_\_ ACF My dance type is \_\_\_\_\_

I also require membership of  No  Yes and ACF  No  Yes

Please amend or add to your personal details

Cuer /Manager \_\_\_\_\_ Partner \_\_\_\_\_ Web Publication  No  Yes  
Of your Address

Last Name \_\_\_\_\_ Phone \_\_\_\_\_

First Name \_\_\_\_\_ Work \_\_\_\_\_

Suburb \_\_\_\_\_ Fax \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Home Page \_\_\_\_\_

**Details of Club/s** A B C (List each night separately)

Club_ Name	A	B	C
Club_ Area			
Club_ Level			
Club_ Day			
Dances Frequency			

Declaration: - I agree to be bound by conditions se, in relation to the issue of this licence, either by APRA, the ACF or the ( ) the association through which I will forwarded my request and payment. I confirm that the information provided is true and correct at the time of signing.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**The APRA FEE is currently \$50.00 (When requested via an ACF affiliated association)**

Associations please return forms and payments to ACF Secretary PO Box 248 BUDERIM QLD 4556

Office use only  
Last Renewal Year  
Print Form Type -  
Database Status  
Title  
Updated

**REQUEST FOR APRA LICENCE**

VIA ACF AFFILIATED CALLER, CUER, OR DANCER ASSOCIATION Client Name Client Number Association

Association Copy

The Association should retain this copy for their association records

I Declare I am the Manager \_\_\_\_\_, Cuer \_\_\_\_\_, Caller \_\_\_\_\_ for the groups listed below. (Please tick one only)

I request an Australian Performing Rights Ass. (APRA) Licence for Dance Groups  No  Yes

My request is forwarded to the ACF via the \_\_\_\_\_ (Association)  SD, RD or CD

My current APRA Licence number is \_\_\_\_\_ ACF My dance type is \_\_\_\_\_

I also require membership of  No  Yes and ACF  No  Yes

Please amend or add to your personal details

Cuer /Manager \_\_\_\_\_ Partner \_\_\_\_\_ Web Publication  No  Yes  
Of your Address

Last Name \_\_\_\_\_ Phone \_\_\_\_\_

First Name \_\_\_\_\_ Work \_\_\_\_\_

Suburb \_\_\_\_\_ Fax \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Home Page \_\_\_\_\_

**Details of Club/s** A B C (List each night separately)

Club_ Name	A	B	C
Club_ Area			
Club_ Level			
Club_ Day			
Dances Frequency			

Declaration: - I agree to be bound by conditions set, in relation to the issue of this licence, either by APRA, the ACF or the ( ) the association through which I will forwarded my request and payment. I confirm that the information provided is true and correct at the time of signing.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**The APRA FEE is currently \$50.00 (When requested via an ACF affiliated association)**

Associations please return forms and payments to ACF Secretary PO Box 248 BUDERIM QLD 4556

Office use only  
Last Renewal Year  
Print Form Type -  
Database Status  
Title  
Updated

