



Use this form to register to participate in the Artists' resale royalty scheme if you are an artist.

**What to do:** complete, sign and return to Copyright Agency Limited by:

**Post** 15/233 Castlereagh Street, Sydney NSW 2000

**Fax** +612 9394 7601

**Email** Scanned copies of the form can be emailed to resale@copyright.com.au

**Title** (please tick)  **Mr**  **Mrs**  **Ms**  **Dr**

**Given name:** \_\_\_\_\_ **Middle name:** \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Position** (if applicable): \_\_\_\_\_

**Company Name** (if applicable): \_\_\_\_\_

**Registered ABN Name** (if different from above): \_\_\_\_\_

**ABN:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Web:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Postal Address** (if different from above): \_\_\_\_\_

**City/Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Citizenship/Residency** (please tick):  Australian citizen  Permanent resident

### Alternate Contact Information

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/Suburb:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Pseudonym 1:** \_\_\_\_\_

**Pseudonym 2:** \_\_\_\_\_

**Pseudonym 3:** \_\_\_\_\_

- Artist Mediums:**
- |  |   |  |                                      |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Paintings     | <input type="checkbox"/> Artist Books     | <input type="checkbox"/> Batiks        | <input type="checkbox"/> Carving     |
| <input type="checkbox"/> Ceramics      | <input type="checkbox"/> Digital Artworks | <input type="checkbox"/> Drawings      | <input type="checkbox"/> Engravings  |
| <input type="checkbox"/> Art Jewellery | <input type="checkbox"/> Glassware        | <input type="checkbox"/> Installations | <input type="checkbox"/> Lithographs |
| <input type="checkbox"/> Multimedia    | <input type="checkbox"/> Photographs      | <input type="checkbox"/> Pictures      | <input type="checkbox"/> Prints      |
| <input type="checkbox"/> Sculptures    | <input type="checkbox"/> Tapestries       | <input type="checkbox"/> Video Artwork | <input type="checkbox"/> Others      |

**Are you an Indigenous artist** (please tick)?  **Yes**  **No**

### Declaration

I warrant that all the information I provided on this form is correct. I undertake:

1. to indemnify CAL against any liability incurred by CAL as a direct or indirect result of breach of the preceding warrant: and
2. to notify CAL if there are any changes to any of the information provided on this form.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_