

APPLICATION FOR NEW MEMBERSHIP

**Please fill in and return to: ASME Membership, PO Box 141 Mawson, ACT 2607
ABN 53 106 346 200**

Title: _____ Surname: _____ Given Name: _____

Contact Address: _____

State: _____ Postcode: _____

Tel: () _____ Fax: () _____ E-mail: _____

Workplace/Institution: _____

Please tick no more than 3 boxes. Choose categories which best describe your current status.

TEACHER - School-based

- A Early Childhood Generalist
 - B Early Childhood Music Specialist
 - C Primary Classroom
 - D Primary Music Specialist
 - E Middle School
 - F Secondary Class Music
 - G Instrumental/Vocal Teacher
- Instruments: _____

TERTIARY

- O University
- P TAFE/Adult Education

CONCESSIONAL MEMBERS

- Q F/T Student, ID No. _____
Institution: _____
- R Retired

SCHOOL SYSTEM

- H Government
- I Non-Government

MUSIC ORGANISATION/INDUSTRY

- S Composer
- T Performer
- U Education Officer
- V Other: _____

TEACHER Private/Self-employed

- J Studio Teacher
Instruments: _____
- K Community Classes

I would like to receive (please tick):

- ASME e-news
- ASME Update electronically
- ISME e-news

EDUCATION SYSTEM

- L Curriculum Advisor
- M Administrator
- N Other _____

TYPE OF MEMBERSHIP

- Full \$75
- Concession \$30 (Full-time students, retirees)

Make Cheque payable to ASME Inc.

Or please tick: Mastercard Visa

Credit Card Number:

Name on Card

Expiry Date...../..... Signed:..... Date:.....