



Australian Society of Musicology & Composition

APPLICATION FORM

*Return this fully completed entry form with each individual submission to:
ASMC C/- PO Box 938, Launceston Tasmania 7250 Australia*

Your Full Name: *First* _____

Middle Initial _____ *Last Name:* _____

Your Full Postal Address: _____

_____ P/Code: _____

Telephone No: *Country Code:* _____ *Area Code:* _____ *Number:* _____

Mobile / Cell Phone No: _____

Email Address: _____

Please ✓ appropriate diploma for which application is being sought:

Associate Diploma CAD550

Licentiate Diploma CAD880

Fellowship Diploma CAD1100

Fee of A\$ _____ or receipt of payment is attached to this entry form.

By signing this ASMC Diploma Entry Form, I acknowledge that I have fully read and agree to abide by the ASMC regulations and requirements.

Signed: _____ Date: _____