



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:

- | | | |
|--------------------------|--------------------------|--------|
| <input type="checkbox"/> | Associate Diploma | USD400 |
| <input type="checkbox"/> | Licentiate Diploma | USD620 |
| <input type="checkbox"/> | Fellowship Diploma | USD800 |

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: _____