

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: _____

Home Address: _____ State: _____ Postcode: _____

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

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 Secondary Student
- R F/T VET/TAFE Student
- S F/T University Student
- T Retired

SCHOOL SYSTEM

- H Government
- I Non-Government

MUSIC ORGANISATION/INDUSTRY

- U Composer
- V Performer
- W Education Officer
- X Other: _____

TEACHER Private/Self-employed

- J Studio Teacher
 - K Community Classes
- Instruments: _____

RESEARCH: Topic _____

EDUCATION SYSTEM

- L Curriculum Advisor
- M Administrator
- N Other _____

Any Additional Information: _____

MEMBERSHIP	Full	\$75 or
	Concession	\$30 (Full-time students, retirees)
	TOTAL	\$
<i>Make Cheque payable to ASME Inc.</i>		
Or please tick:	Bankcard <input type="checkbox"/>	Mastercard <input type="checkbox"/> Visa <input type="checkbox"/>
Credit Card Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name on Card	
Expiry Date/.....	Signed:..... Date:.....