

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:

Grid of boxes for credit card number digits

Name on Card

Expiry Date/ Signed: Date:

www.asme.edu.au

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