



## Australian Society of Musicology & Composition

# ENTRY 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 .....  | A\$550.00 |
| <input type="checkbox"/> | Licentiate Diploma ..... | A\$770.00 |
| <input type="checkbox"/> | Fellowship Diploma ..... | A\$990.00 |

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: \_\_\_\_\_