

## Membership Application / Renewal 2011 Tax Invoice

NAME: Title: ..... First name: ..... Surname: .....

POSTAL ADDRESS: .....

(Institution preferred) .....

State ..... Post Code .....

EMAIL ADDRESS: .....

TELEPHONE NUMBERS: Work ..... Home .....

FAX NUMBER: Work ..... Home .....

I hereby **give permission** for my name and email address to be listed on the ANZARME website under the list of members.

**I DO NOT** wish my name and email address to be listed on the ANZARME website under the list of members.

RESEARCH INTERESTS (please list areas / topics, indicating if any are being undertaken for a higher degree):

- .....
- .....
- .....

Please complete this form and send with your payment to:

Dr Jill Ferris – Honorary Treasurer, ANZARME  
6 Maculata Walk  
Vermont South VIC 3133 Australia

Payment may be made by:

1. Cheque/money order. Please make your cheque payable to “Australian and New Zealand Association for Research in Music Education” – ABN: 60 517 692 473.
2. PayPal – for details please email the Treasurer – Dr Jill Ferris - [jill.jim@bigpond.com](mailto:jill.jim@bigpond.com)

|                     |                                     |          |
|---------------------|-------------------------------------|----------|
| SUBSCRIPTION RATES: | Full member                         | A\$40-00 |
|                     | Student member (full-time student*) | A\$20-00 |

(\* University ..... / Student ID No. ....)

A receipt for taxation purposes will be issued on receipt of your subscription.