



**Australian
Music
Examinations
Board (WA)**

Postal Address:
AMEB (WA)
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EXAMINATION ENROLMENT FORM

THIS FORM MAY BE PHOTOCOPIED FOR CONVENIENCE ABN: 37-882-817-280

TEACHER CODE

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PLEASE NOTE: WRITTEN AND PRACTICAL ENTRIES MUST GO ON SEPARATE FORMS!

EXAMINATION REQUIRED:

- | | |
|---|---|
| <input type="checkbox"/> WRITTEN ¹ | <input type="checkbox"/> PRACTICAL |
| <input type="checkbox"/> Theory | <input type="checkbox"/> Metropolitan |
| <input type="checkbox"/> Musicianship | <input type="checkbox"/> Country ¹ |
| <input type="checkbox"/> Music Craft | <input type="checkbox"/> Diploma |

¹ Preferred exam centre: _____

ENROLLER DETAILS: (ALL CORRESPONDENCE WILL BE SENT TO THE ADDRESS BELOW)

Title: _____ Name: _____

Address: _____

Postcode: _____

Phone: (Home) _____ (Mobile) _____

Email: _____

Is this a change of address since your last entry?

Please indicate if enrolment submitted by:

School Private Teacher Self Entry (Name of Teacher: _____)

CANDIDATES:

PLEASE REFER TO THE CURRENT EXAMINATION TIMETABLE FOR FEES, CHARGES AND ENROLMENT CONDITIONS.

Date of Birth	Sex (M/F)	Surname	Given Names (in order)	Telephone	Subject Code	Grade	Subject ²	N/O ³	Selected Week Number	Fee \$	Res	S	C

² Where the subject is 'for Leisure', please add the words 'for Leisure'.

³ Where a new (N) syllabus is available in parallel with an old (O) one, please indicate 'N' or 'O' in the column provided.

DECLARATION:

I accept all AMEB policies relating to the conduct of examinations as outlined in the current Manuals of Syllabuses. I also accept all AMEB(WA) policies relating to cancellations, withdrawals and transfers, as outlined on the State web site and current AMEB Examination Timetable.

Signature: _____

(THIS ENROLMENT WILL NOT BE ACCEPTED UNLESS SIGNED)

Date: _____

OFFICE USE ONLY

Receipt No.

UniPrint 157982_AMEB

PLEASE LEAVE BLANK IF EMAILING. PHONE YOUR CREDIT CARD DETAILS THROUGH TO AMEB OFFICE.

TOTAL FEE ENCLOSED: \$ _____

CREDIT CARD INFORMATION:

FORM OF PAYMENT:

- Cash Cheque* Credit card

Card type: VISA Mastercard Card No: _____ Expiry: _____ Amount: \$ _____

Name: _____ Signature: _____

Address: _____ Postcode: _____

*Please make cheque payable to UWA