



August 2014

Fellowship of the Guild of Church Musicians

Initial Application Form

PLEASE READ THE GUIDELINES & SYLLABUS FOR THE FELLOWSHIP OF THE GUILD OF CHURCH MUSICIANS (available from <<http://www.guildofchurchmusicians.org.au/>>) BEFORE COMPLETING THIS FORM

Personal Details	
Title: _____ First Name: _____ Family Name: _____	
Correspondence Address: _____ _____ _____	Church Details: _____ _____ _____
Home phone: _____	Contact person: _____
Mobile: _____	Phone: _____
Fax: _____	Mobile: _____
E-mail: _____	Fax: _____
Denomination: _____	E-mail: _____

I am a Guild member (membership number: _____)

OR

I have applied for membership of the Guild of Church Musicians and am awaiting my membership number.

Additional Information
<p>Technical standard:</p> <p><input type="radio"/> AMEB (grade, instrument & year of examination): _____</p> <p><input type="radio"/> Trinity College (grade, instrument & year of examination): _____</p> <p><input type="radio"/> Other organisation/equivalent study/experience: _____</p> <p>_____</p> <p>I have the following experience in Church Music:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Please tick ONE OPTION:</p> <p><input type="radio"/> I have completed the Archbishops' Certificate in Church Music.</p> <p><input type="radio"/> I do not hold the ACertCM but have attached details of equivalent qualifications/experience.</p>
<p>Please list any other relevant information about yourself or conditions of your examinations (disabled access or assistance required, known dates of unavailability, etc.):</p> <p>_____</p> <p>_____</p> <p>_____</p>

Please also complete the FGCM Parts 1 and 2 Application Form and forward both forms, any documentation demonstrating ACertCM equivalent qualifications and a cheque payable to **The Guild of Church Musicians** to:

The Examinations Secretary
 Guild of Church Musicians
 PO Box 420
 Gordon NSW 2072
 AUSTRALIA

Declaration:

I agree to abide by the decision of the examiners and accept the Guild of Church Musicians' conditions of enrolment.

Signed: _____

Date: _____