

Accompanists' Guild of South Australia Inc

Application for Membership 2009

Post this form to The Membership Secretary, Julie Sargeant, 1/1 Inwood Avenue,
Glenelg North, 5045 (ph 8376 7253)

Name (Prof/Dr/Mrs/Ms/Miss/Mr) _____

Address _____

_____ Postcode _____

email _____

web site _____

telephone (H) _____ (W) _____

(M) _____ (fax) _____

Membership category: please circle as appropriate:

Ordinary member	\$60	
Full-time student	\$10 ID	_____
Concession/Associate (country)	\$30 conc. ID	_____
Life member	\$600	
Friend (non-Register)	\$25	
Donor*	_____	Any amount will be gratefully received

Cheques/money orders payable to: *Accompanists' Guild of SA Inc.*

Note: If you wish to have your details listed in the 2008/2009 Silver Anniversary Register of Accompanists please indicate below and fill in your details on the separate application form for Register listing.

Register Listing Yes/No
Website Register Yes/No

* Donors may also make tax deductible donations to assist the Guild's on going program through the Australia Business Arts Foundation (AbaF). Application Forms are available from the Secretary (8431 6030) or on the Guild website.

accguildsa@museco.id.au

www.accompanist.org.au

Application
for Listing in the Silver Anniversary
Register of Accompanists 2008/9

Fill in and post this form with your Application for Membership 2009 to: The Membership Secretary, 1/1 Inwood Avenue, Glenelg North, 5045, (8376 7253)

Name (Prof/Dr/Mrs/Ms/Miss/Mr) _____

*Address _____

*Postcode _____

*email _____

*web site _____

*phone h _____ w _____
m _____ f _____

(*If you leave these lines blank, we will use the details from your membership form)

Rating: circle one

- Professional**
- Semi-professional
- Amateur (circle one)

Credentials _____

Experience _____

** To ensure professional standards are maintained new applicants in the Professional category may be required to complete a short audition with a minimum of 2 members of the AGSA Committee.

SAME or CHANGE?

Please circle to indicate if your details are the same as the previous Register or changes are required.

Indicate Principal area of specialization if applicable (e.g. Violin Repertoire, SACE 1 & 2, Sight Reading, Choral Accompaniment etc)

If **changes** are required please circle

1. Lessons
2. Choirs
3. Rehearsals
4. Examinations
5. Eisteddfodau
6. Concerts
7. Recordings
8. Coaching (Vocal, Instrumental)
9. Lieder
10. Contemporary
11. Oratorio
12. Operetta, Musical Comedy
13. Opera (Repetiteur)
14. Transposition
15. Expert Sight-reading
16. Orchestral Reductions
17. Score Reading
18. Organ accompanying
19. Harpsichord accompanying
20. Baroque style (continuo)
21. Jazz, popular music
22. Dance (improvisation, classical, modern, aerobic, calisthenics)
23. Music Therapy
24. Social Work music
25. Children's music making

Website Listing?

Do you wish to have your details listed in the Register on the website? **YES/NO**

Enquiries?

Secretary: (08) 8431 6030
accguildsa@museco.id.au
www.accompanist.org.au

DONATION FORM – Accompanists Guild of SA

The Australia Business Arts Foundation (AbaF) has confirmed that it is possible for our supporters to make a donation to AbaF's Australia Cultural Fund, requesting that AbaF apply it to the Accompanists Guild of South Australia. The AbaF Board will take that request into consideration when deciding its grants. Donations over \$2 are eligible for tax deductibility.

TO THE AUSTRALIA BUSINESS ARTS FOUNDATION ABN: 88 072 479 835

I would like to donate \$ _____

Whilst I understand that no guarantee can be given, it is my preference that this donation is granted to the Accompanists Guild of South Australia.

Method of Payment:

Cheque: Please make cheques payable to the Australia Business Arts Foundation

Credit Card: Visa Mastercard

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| Expiry Date: ____|____|/____|____|

Name of Card Holder: _____

Signature of Card Holder: _____

Please send my receipt for taxation purposes to:

(Receipts will be issued in the name of the payee)

Dr / Mr / Mrs / Ms

First name _____ Surname _____

Organisation (if applicable) _____

Address _____ Postcode _____

Email _____

Phone _____ Date ____/____/____

In accordance with privacy legislation your contact details will only be passed on to the artist/organisation you have expressed a preference for supporting.

Please tick if you prefer your donation to be anonymous

Please tick if you would like to receive AbaF's free magazine:

CONNECT and/or, AbaF E-News

Please send this form to:

Australia Cultural Fund
Australia Business Arts Foundation
Level 2, 405 Collins Street
Melbourne VIC 3000

For more information: www.abaf.org.au/giving/acf.html or contact Kirsten Matthews (02) 9215 9311.

The Australia Business Arts Foundation is supported by the Australian Government through the Cultural Development Program of the Department of Communications, Information, Technology and the Arts.