



Quartet Registration Application

Please fill out this form completely, and post to

**The Secretary
AAMBS (Inc)
P O Box 6026
WEST GOSFORD NSW 2250**

Unaligned Quartets only:

Include \$60.00 Registration Fee –
cheque payable to AAMBS Inc.

NOTES:

1. If you are registering a new quartet name, the registration will become effective at the date of receipt by AAMBS (Inc). Such registration will be subject to acceptance of the proposed name for the quartet by AAMBS, and that all proposed members of the quartet are financial members of AAMBS (Inc). At least two alternative names should be provided, to allow for the possibility that your primary choice is not allowable.
2. Quartet registration lapses on 1 October each year, unless re-registration is effected before that date.
3. *Except for quartets with National Medal status, a lapsed registration automatically makes the name of the quartet available for use by others.*

1. QUARTET NAME

*If re-registering, supply **only** the currently registered name.*

First Choice _____

Second Choice _____

2. CONTACT DETAILS

Name _____

Street address: _____

City, State, Post Code: _____

Telephone, email: _____

Club Affiliation: _____

(The name of your club, or if not affiliated with a club, 'Unaligned'.)

Website (only if the quartet has its **own** website)

3. QUARTET MEMBERS

Tenor _____

Lead _____

Baritone _____

Bass _____

