



ameb

Australian Music
Examinations Board (Qld)

Enrolment form — Music, Speech and Theory

Have you changed your address?

Enroller ID (Teacher No.)

Yes

No

Thank you for joining us at AMEB.

Required for processing:

1. FULL enroller and candidate details.
2. FULL payment, one per enroller.
3. Credit card payment form.
4. Forms must be received by 5pm on the session closing date to avoid the \$26 per candidate fee.

Office use only

Session for examination:

Document no:

Session ID:

Centre ID:

Requested centre for examination:

Enroller details:

Are you a new enroller? Yes

Full name:

Institution:

Email address:

Address:

Suburb:

Post code:

Phone number:

Mobile:

Candidate details:

Candidate ID	Surname	First name	Gender	LUI Number (Years 10, 11, 12)	D.O.B	Subject ID	Subject	Grade	Fee amount (\$)
			M F						
			M F						
			M F						
			M F						
			M F						
			M F						
			M F						
			M F						

Please advise any dates that candidates are **not** available. AMEB is unable to accommodate requests for exams to be scheduled within the last five days of any session or specific Examiners. Diploma exams cannot be rescheduled. AMEB will consider all requests for special consideration as outlined within Queensland Department of Education policy.

TOTAL FEES PAID:

CONTACT AMEB

Phone: 07 3634 0933

Toll free: 1800 175 515

email: payments.ameb@qed.qld.gov.au

Address: PO Box 21 ASHGROVE 4060



ameb

Australian Music
Examinations Board (Qld)

Enrolment form — Music, Speech and Theory

CREDIT CARD PAYMENT

PAYMENT TO:

Australian Music Examinations Board (Qld).
ABN 76 337 613 647
PO Box 21 Ashgrove Qld 4060

Online enrolment is quick and easy!

Enrol Online!

ameb.qld.edu.au

Please email completed forms by the closing date to avoid the \$26 p.c. fee.

payments.ameb@qed.qld.gov.au AMEB

Queensland

P0 Box 21 Ashgrove 4060

(07) 3634 0933

Payment from:

Enroller ID	Full name	Contact number
-------------	-----------	----------------

Payment details:

Please debit my card for the amount of: \$

Card number		Expiry Date	/
Name on Card		Card type	Visa / Mastercard

Signature: _____

Date: ____/____/____

PRIVACY: The AMEB is collecting personal information on this form in accordance with AMEB (Qld) systems and business processes. This form will be securely stored in the AMEB (Qld) State Office and securely destroyed after the transaction has been completed

CONTACT AMEB

Phone: 07 3634 0933

Toll free: 1800 175 515

email: payments.ameb@qed.qld.gov.au

Address: PO Box 21 ASHGROVE 4060