



Student Membership Application

Student membership of the ISM is for students aged 18 and over who are working towards music or music-related qualifications. The benefits and services are specially suited to students' needs.

1 PERSONAL DETAILS

First name

Surname

Title (Mr/Mrs/Ms, etc.)

Date of birth (DD-MM-YYYY)

--	--	--	--	--	--	--	--	--	--

Address (for correspondence)

Postcode

Telephone number(s)

E-mail address

If you provide your e-mail address, we will assume that you consent to receiving communications about the activities of the ISM and its products and services by e-mail. We will not disclose your e-mail address to third parties.

2 STUDIES & QUALIFICATIONS

Course(s) being studied

COURSE TITLE

UNIVERSITY / COLLEGE

END DATE

Existing musical qualifications at degree or diploma level (if any)

YEAR

LETTERS

SUBJECT STUDIED

CONFERRING BODY

Please enclose evidence of these musical qualifications (e.g. photocopies of certificates)

3 ABOUT YOUR APPLICATION

Please tell us how you heard about the ISM and why you would like to join:

If you are a member of any other professional associations, or of any trade unions, please list them here:

Please turn over >>

4 DECLARATION & MAILING CONSENTS

I declare that the above statements are true to the best of my knowledge and belief. If elected, I agree to abide by the Articles of Association, Bye-laws and any other rules of the Society in force for the time being. I understand that my details will be held on the ISM's database for administrative purposes.

I give my consent and request that my details, on election, are published in the ISM Yearbook which I understand is in the public domain. Yes No

I give my consent for my contact details, on election, to be included on mailing lists which may be supplied to carefully selected organisations who are normally Corporate members of the ISM. Yes No

Signed Date

5 REGISTRATION FEE

- I enclose a cheque for £15 made payable to ISM
- I authorise ISM to charge £15 to my Maestro / Mastercard / Visa card:

CARD NUMBER				EXPIRY DATE	CARD SECURITY CODE (last 3 digits on signature strip)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME ON CARD		SIGNATURE		START DATE (where applicable)	ISSUE NUMBER (where applicable)
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>

PLEASE SEND YOUR APPLICATION TO: ISM, 10 Stratford Place, London, W1C 1AA