



NZCMS

Examination & Membership

Application Forms





NEW ZEALAND CARNATIC MUSIC SOCIETY
Examination Registration Form - Closing Date: 31st March

PLEASE ENSURE THAT YOU ARE A CURRENT MEMBER OF NZCMS

Name of Student: _____

(Fill in (First Name) (Middle Name) (Last name)
 CAPITALS)

Date of Birth: _____ **Email:** _____

Name of Parent/Guardian: (students under 15 years) _____

Address: _____

Phone number: (Home) _____ (Mobile) _____
 (Please fill a separate form for each Stage and Discipline you are appearing for)

Exams Offered	Stages	Fees	Exam Discipline	Exam Stage
Vocal	Stage 1	\$ 50		
Veena	Stage 2	\$ 75		
Violin	Stage 3	\$ 100		
Flute	Stage 4	\$ 150		
Keyboard	Stage 5	\$ 200		
Mridangam	Stage 6	\$ 250		
Others (Specify)				

Payment details (NO CASH PAYMENTS PLEASE)

I have tendered NZ \$ in payment for the above examination (including late application Fee of \$25 – if applicable) via Internet Bank transfer with reference number..... on (date)/...../20....

Internet Bank transfers can be made to the following account: 12 – 3060 – 0272132 – 001
 (Please include the **Student Name** and **Exam Fee** as reference if you are making a payment over the internet)

Declaration

I hereby apply for admission to the Examination for the Diploma in Carnatic Music conducted by the New Zealand Carnatic Music Society (NZCMS). I understand that my venue and time for the examination will be allocated by the NZCMS and that it will not be possible for the NZCMS to consider any request to change the venue or time. I agree to all the terms of the Diploma Examination Regulations and accept the examination committee’s decision as final.

Signature of Student/Guardian: _____

(This section is to be filled in by the Teacher - Please use CAPITAL letters)

Please tick the box to confirm the above student has completed all the prerequisites for the examination and the course.

EXEMPTIONS: If the student is seeking exemptions from the prerequisites for the exam, please attach a letter along with relevant documents with this application.

Details of Guru (FILL IN CAPITAL LETTERS)

Name of Guru: _____

Email: _____ **Phone:** _____

Signature of Guru: _____ **Date:** _____

All completed forms will be collected from the teachers immediately after the closing date (31st March) by NZCMS Committee members.



NEW ZEALAND CARNATIC MUSIC SOCIETY

(Registered in New Zealand as a Not-for-Profit Organisation)

NEW MEMBERSHIP APPLICATION FORM (1/07/2020 to 30/6/2021)

I / We wish to apply for “Annual Membership” of the Society. My / Our personal details are as follows:

Name					
Address					
Landline					
Mobile No / s					
Email					
Membership Type (please circle as appropriate)	Junior Single	Adult Single	Family		
Number of members in the family (please circle)		1	2	3	4
Amount	\$ 40	\$90	\$165	\$240	\$315
Date of Birth (Junior Members)					
Total Membership Subscription Amount					
Signature & Date					

IMPORTANT

NZCMS preferred communication channel is through Email and / or Website.

NZCMS email: secretarynzcms@yahoo.com

NZCMS Website: www.nzcms.org

- Please complete this form fully. Please post or email a scanned copy to,
Secretary
NZ Carnatic Music Society
P.O. Box 96260
Balmoral, Auckland.
- If you have downloaded this from our website, please email this document and transfer funds into the society's account: ASB Bank - Ellerslie Branch - A/c Number: 12-3060-0272132-00
- Please use the word **MBR** as the code and your surname as the reference in the Internet Bank transfer.
- If you wish to use other payment options please email secretarynzcms@gmail.com

A formal receipt and membership card(s) will be sent to you in due course. Thank you for your patronage.



NEW ZEALAND CARNATIC MUSIC SOCIETY
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MEMBERSHIP RENEWAL APPLICATION FORM (1/07/2020 to 30/6/2021)

I / We wish to renew “Annual Membership” of the Society. My / Our personal details are as follows:

Name of Primary Contact		
Address		
Phone Number		Mobile:
Email address		Mobile:
Membership Type (please circle)	Junior/Student Membership (until 21years)	Adult/Family Membership
Number of members in the family (please circle)	\$30	\$65 / each individual
Full Name of each adult member		
Name and Date of Birth (Junior Members)		
Total membership subscription amount paid		
Signature & Date		

IMPORTANT

NZCMS preferred communication channel is through Email and / or Website.

NZCMS email: secretarynzcms@yahoo.com

NZCMS Website: www.nzcms.org

- Please complete this form fully. Please post or email a scanned copy to,
Secretary
NZ Carnatic Music Society
P.O. Box 96260
Balmoral, Auckland.
- If you have downloaded this from our website, please email this document and transfer funds into the society's account: ASB Bank - Ellerslie Branch - A/c Number: 12-3060-0272132-00
- Please use the word **MBR** as the code and your surname as the reference in the Internet Bank transfer.
- If you wish to use other payment options please email secretarynzcms@gmail.com

A formal receipt and membership card(s) will be sent to you in due course. Thank you for your patronage.

PAYMENT & CONTACT DETAILS

All correspondence should be addressed to:

The Secretary
New Zealand Carnatic Music Society
P.O. Box 96260,
Balmoral,
Auckland
New Zealand
Email: secretarynzcms@yahoo.com

Internet Bank transfers can be made to the following accounts:

All Membership Fees	12 – 3060 – 0272132 - 000
Examination Fees	12 – 3060 – 0272132 - 001

The following references should be made when remitting funds via internet bank transfers:

- For **NEW** Student Registrations:
STUDREG followed by your **INITIALS AND FIRST NAME**
Example: **STUDREG – R. KRISHNAN**
- For **RENEWAL** of Student membership:
STUDREN followed by **MEMBERSHIP NUMBER**
followed by your **INITIALS AND FIRST NAME**
Example: **STUDREN – 11007 – R. KRISHNAN**
- For **EXAMINATION FEE**:
EX-followed by **SUBJECTCODE***- followed by **STAGE NUMBER**
followed by **INITIALS AND FIRSTNAME**
Example: **EX – VIO – 2 – R. KRISHNAN**

* **Recommended SUBJECT CODES**

SUBJECT	CODE
VOCAL MUSIC	VOC
VIOLIN	VIO
VEENA	VEE
FLUTE	FLUT
KEYBOARD	KEY
MRIDANGAM	MRI
OTHER	SPECIFY IN FULL