

# MA Candidate Registration Form



|  |         |                   |
|--|---------|-------------------|
| Place of examination: (or Business name) |         | Examination Date: |
| Person in charge:                        | Phone#: | Examination Time: |

**Please Print Names Clearly As They Will Appear On the Certificates**

| Candidate's Name | Time | Grade | Fees |
|------------------|------|-------|------|
| 1                |      |       |      |
| 2                |      |       |      |
| 3                |      |       |      |
| 4                |      |       |      |
| 5                |      |       |      |
| 6                |      |       |      |
| 7                |      |       |      |
| 8                |      |       |      |
| 9                |      |       |      |
| 10               |      |       |      |
| 11               |      |       |      |
| 12               |      |       |      |
| 13               |      |       |      |
| 14               |      |       |      |
| 15               |      |       |      |
| <b>Total \$</b>  |      |       |      |

|           |              |
|-----------|--------------|
| Examiner: | Examiner ID: |
|-----------|--------------|

Office Use Only

- Minimum 5 students to conduct an examination
- This form must be mailed to AACM 3 weeks prior to the examination
- Payment must be mailed together with registration form
- Please make check payable to "Dou LLC"

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Association for the Assessment and Certification of Musicianship  
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 Fax (877) 777.7408                         International 909.592.0593  
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