

# COMPOSER APPLICATION FORM

## *THE ARS NOVA MUSIC™ PROJECT*

I subscribe to the tenets of the ARS NOVA MUSIC™ Project. I wish to be considered for membership in the ARS NOVA COMPOSERS GROUP.

Signature: \_\_\_\_\_

### **INSTRUCTIONS**

*Please print or type*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Please submit scores (no more than three) of works you wish considered for publication and membership in the ARS NOVA COMPOSERS GROUP. To facilitate the review process for the Editorial Board members, please enclose recordings (CD or cassette) of the materials being submitted. Send all scores and recordings to:

Dr. Gloria Wilson Swisher, Vice President  
Membership and Publications  
ARS NOVA PRESS  
7228 6th Ave. NW  
Seattle, WA 98117

All materials you wish returned must be accompanied by a self-addressed, postage-paid mailer.