



# SCSM TEACHER REGISTRATION APPLICATION FORM

March 2011 - March 2012

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Full Postal Address: \_\_\_\_\_

\_\_\_\_\_ City/Town: \_\_\_\_\_ Code: \_\_\_\_\_

Telephone No: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

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

\*Qualifications: \_\_\_\_\_

\*Years of Teaching Experience: \_\_\_\_\_

Instrument/Subject Speciality: \_\_\_\_\_

\_\_\_\_\_

Tick if this is a renewal membership [ ]

Application may be made on-line at reduced rate - [www.stcecilia.co.nz](http://www.stcecilia.co.nz)

[ ] Direct Debit \$55.00 to Kiwibank 38 9003 0439060 00

or

*Return this form to:*

SCSM Examinations, PO Box 5937, Lambton Quay, Wellington 6145 with a  
cheque attached for \$60.00

[ ] Cheque attached

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Copies of certificates, references etc will support the application*