



SCSM TEACHER REGISTRATION APPLICATION FORM

March 2012 - March 2013

First Name: _____ Middle Initial: _____

Last Name: _____

Full Postal Address: _____

_____ City/Town: _____ Code: _____

Telephone No: () _____ Fax: () _____

Email: _____

Qualifications: _____

Years of Teaching Experience: _____

Instrument/Subject Speciality: _____

Please tick if this is a renewal application []

Please return this form to: SCSM PO Box 938 Launceston Tas 7250
Membership Fee A\$65.00

[] Cheque / Money Order attached / Direct Debit *or*

[] VISA [] MasterCard

Card No: _____ Expiry: __/ __

Cardholder's Name: _____

Signature: _____

Signature of Applicant: _____ Date: _____