



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: _____

Tick if this is a renewal membership []

Application may be made on-line at reduced rate - www.stcecilia.co.nz

[] Direct Debit \$65.00 to Kiwibank 38 9003 0439060 00

or

Return this form to:

SCSM Examinations, 273 York Place, City Rise, Dunedin 9016 with a cheque
attached for \$70.00

[] Cheque attached

Signature of Applicant: _____ Date: _____

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