



INSTITUTE OF REGISTERED MUSIC TEACHERS OF NEW ZEALAND

**APPLICATION for the status of AFFILIATE ORGANISATION**

“Affiliate Organisation” is a category of unregistered membership in the IRMTNZ. The Council may invite Organisations which have an interest in supporting the aims and objectives of the Institute to apply for the status of Affiliate Organisation.

**A ORGANISATION INFORMATION PLEASE PRINT ALL INFORMATION**

1. Organisation name

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2. Brief description of purpose and aims of organisation

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3. Names and roles of key persons in the organisation (e.g. Director/CEO/President etc)

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4. Address (maximum of three lines)

No. & Street/PO Box \_\_\_\_\_

District/Suburb \_\_\_\_\_

City/Town \_\_\_\_\_ Post Code \_\_\_\_\_

Tel (0 ) \_\_\_\_\_ Fax (0 ) \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

5. Designated Contact Person (all communication to/from the IRMTNZ will be directed through the designated contact)

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Tel (0 ) \_\_\_\_\_ Mobile (0 \_\_\_\_\_)

Email \_\_\_\_\_

**Note: email address for designated contact person is mandatory. This is the main form of communication with our members and must be supplied**

**B DECLARATION**

I do solemnly and sincerely declare that to the best of my knowledge and belief, all the information given above is entirely true and correct.

Upon being granted Affiliate Organisation status I agree to be bound by the terms of the Music Teachers' Act 1981, by the Rules of the Institute, and by the Code of Ethics as prescribed by the Council of the Institute.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name (PLEASE PRINT)** \_\_\_\_\_

**NOTE:** In the event of being granted Affiliate Organisation status by the Council, the Organisation is able to designate themselves as per the following example  
University of Canterbury School of Music Affiliate Organisation (IRMT).

**APPLICATION FEE** \$69.57  
**GST** \$10.43  
**TOTAL** \$80.00

**IRMT GST No. 21 - 071 - 161**

**This fee covers Affiliate Organisation membership until 31 March 2018.**

**Email completed application form to:  
The Registrar at registrar@irmt.org.nz**

**Alternatively post form to: IRMTNZ Registrar,  
PO Box 4122 Christchurch 8140**

Paying electronically (preferred method):

Bank: ANZ

Account Name: IRMTNZ

Account No: 060501-0462799-00

Code: *your organization name*

Reference: "AffilOrg"

**Note: Please ensure you include your organisation name so that we know who has sent us the payment**

Paying by cheque: Please make cheques payable to Institute of Registered Music Teachers of NZ