



INSTITUTE OF
REGISTERED MUSIC TEACHERS
OF NEW ZEALAND

Application for Leading Associate Membership

Please complete this form as fully as possible. Items labelled * must be completed.

*Full Name	
*Physical Address (this will be displayed on the website Teacher Search)	
Postal Address (if different from physical address)	
*Email	
Phone number	
Mobile number	
Website	
IRMT Membership Number and date of registration (if known – otherwise Registrar can supply)	

QUALIFICATIONS (please see *Notes* on page 2)

1. If you have LTCL (Teaching) or LRSM (Teaching) please list them here.

Date	Qualification

2. If you have a Fellowship of the ABRSM and/ or a higher degree in an area relevant to private music teaching please list them here.

Expected date of completion	Course or qualification

3. Have you completed the IRMT Advanced Course? Yes/No

I confirm that the information I have supplied is accurate and complete. I understand that all members of the IRMT are obliged to work in accordance with the IRMT Code of Ethics and Student Safety Policy.

*Signed..... Date.....

I have attached scans/photocopies of the following documents:

Notes:

Qualifications - In order to become a Leading Associate Member, you must be able to show you have obtained a LTCL (Teaching) or LRSM (Teaching), or have been awarded the Fellowship of the ABRSM, or have been awarded a Masters or Doctor’s degree in a relevant area, or have completed the IRMT Advanced Course, or that you have 20 years of continuous teaching and membership of IRMTNZ. You should attach a scan or photocopy of a document showing your highest qualification.

Designation - If you are granted Leading Associate Membership by the Registration Board, you can designate yourself as per the following example: Jillian Smith LAIRMT

We advise you to keep a copy of your application

PLEASE SEND YOUR COMPLETED APPLICATION FORM AND ATTACHMENTS TO applyirmtnz@gmail.com or post to PO Box 4122 Christchurch 8140