

Dear Teacher,

In order to help us develop the best programmes possible for you to deliver to your students please complete and return this form.

If you are not a member or associate of the Institute of Registered Music Teachers, please fill out the form with as much detail as possible.

Name:

Address:.....

..... Postcode:.....

Contact details: Telephone No. (0)

Cellphone.....

Fax (0)

Email.....

Are you, or have you been a a member, associate or provisional member of the N.Z. Institute of Registered Music Teachers or a similar overseas bodyYes/No

If Yes, please sign and return.

If No, please complete the following:

Highest grade taught

Highest grade passed if you have sat any exams

Any other musical achievements (competition successes/participation), musical activities within the community or other relevant musical or teaching information

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Signed

Date.....



sound values