



Please return completed form and fee to:

The Registrar
St Nicholas Montessori Society of Ireland
Kingston House,
64 Patrick Street
Dun Laoghaire,
Co.Dublin

For Office Use Only:

Amount of Payment received: € _____

Method of payment: Cheque Postal Order Bank Draft Cash

Date stamp: _____

Entered on database: _____ Receipt issued: _____

St. Nicholas Montessori Teachers' Association

Supporting Montessori teachers
and Montessori schools in Ireland

Membership Application

Kingston House, 64 Patrick Street
Dún Laoghaire, Co. Dublin
Tel: 01 280 5705

Email: info@montessoriireland.ie
www.montessoriireland.ie

SNMTA Membership Application

Membership No: _____ Year of Application 1st Sept 20 ____ to 31st Aug 20 ____

Please complete in BLOCK CAPITALS

Name: _____

Address: _____

Telephone: _____ Mobile: _____

Email Address: _____

Correspondence will be by email where possible

First Time Member Renewal

Teacher Qualifications

Current Montessori Qualification _____

Awarding Body _____

Year of Award _____

Are you currently employed as a Montessori Teacher? Yes No

Are you self-employed? Yes No

Are you a member of St Nicholas Group VHI Scheme? Yes No

St. Nicholas Montessori Teachers Association Membership allows you to avail of the following:

- 1 SNMTA Workshops at reduced rate
- 2 Members Meetings
- 3 St Nicholas Group Insurance Scheme
- 4 St Nicholas VHI Group Scheme
- 5 Application for certification, registration or accreditation of your Montessori pre-school Programme
- 6 Vote at Annual General Meeting of SNMTA
- 7 Eligibility for election to Executive Committee

Categories of Membership

Full Membership - €50 • Student Membership - €20 • Life Membership - €450

I wish to apply for full student life Membership of St. Nicholas Montessori Teachers Association(SNMTA)

I enclose the appropriate fee of €

Signed: _____ Date: _____

If you are a Montessori school or preschool owner please complete this section

Tick all relevant boxes

Montessori School or Montessori Preschool

Private or Community Based

Name of Montessori School or Montessori Preschool _____

School Address (if different from above) _____

Telephone: _____ Email: _____

Is your Montessori School or Preschool

St. Nicholas Certified: Yes Certificate No: _____ No

HSE Notified: Yes Date of report: _____ No

ECCE Scheme participant: Yes No

St. Nicholas Registered: Yes Reg. Cert. No: _____ No

IMEB Accredited: Yes Accreditation Cert. No: _____ No

What age group do you cater for? 0-6 Years 6-9 Years

3-6 Years 9-12 Years

What programmes/services do you provide?

Montessori Preschool - Sessional After School Programme

Full Day Care Special Needs

