



*St. Nicholas Montessori Society of Ireland  
(SNMSI)*

Kingston House, 64 Patrick Street, Dun Laoghaire, Co Dublin  
Tel. 01 2805705 Fax 01 2805705 Email snmta@eircom.net  
www.montessorireland.ie

**Associate Membership**

Membership Number: \_\_\_\_\_ Year: \_\_\_\_\_

Please complete in **BLOCK CAPITALS**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Teacher Qualifications**

Current Montessori Qualification \_\_\_\_\_

Awarding Body \_\_\_\_\_

Year of Award \_\_\_\_\_

Are you currently employed as Montessori Teacher? Yes  No

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

**Entitlements**

Membership entitles you to avail of the following:

- Application for certification
- Workshops at reduced rate
- St Nicholas Group Insurance Scheme
- St Nicholas VHI Group Scheme
- Newsletters, information etc.

**Category of Membership**

Associate Membership €85.00

I wish to apply for Associate Membership of St. Nicholas Montessori Society of Ireland

I enclose the appropriate fee of € \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

If you are Montessori Preschool **owner** please complete this section

Tick all relevant boxes

Private  Community Based

Name of Montessori Preschool \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email address: \_\_\_\_\_

**Is your Montessori Preschool**

**St Nicholas Montessori Certified:** Yes  Certificate No: \_\_\_\_\_ No   
**HSE notified:** Yes  Date of Report: \_\_\_\_\_ No   
**ECCE Participant:** Yes  No

**What age group do you cater for?**

0-6 years   
3-6 years   
6-9 years   
9-12 years

**What programmes/services do you provide?**

Montessori Preschool –Sessional   
Full Day Care   
After School Programme   
Special Needs

**Please return completed form and fee to:**

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

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**For office use only**

Amount of payment received: € \_\_\_\_\_

Method of payment: Cheque  Postal Order  Bank Draft  Cash

Date Stamp: \_\_\_\_\_

Entered on database \_\_\_\_\_ Receipt issued \_\_\_\_\_