



Association for Middle Level Education
 formerly National Middle School Association
 www.amle.org

CMLA/AMLE Chapter Member Application

The individual completing this form will be considered the contact person and advisor for the student organization.

Collegiate Advisor: _____

College/University: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

Tel (w): _____ Tel (h): _____ Fax: _____

Email: _____

List 4 names/title of student officers or other individuals to receive benefits and voting privileges:

	Name	Title	E-mail
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Collegiate Membership

- US \$220 International \$220

Total Amount Enclosed: _____

Type of Payment *(Please check one)*

- Purchase Order *(must accompany this form)*
 Check *(payable to AMLE in US funds)*
 VISA
 MasterCard
 American Express
 Discover

Card Number: _____ Exp. Date: _____

Cardholder Name: _____ Signature: _____

Send to: Association for Middle Level Education, 4151 Executive Parkway, Suite 300, Westerville, OH 43081