



Membership Application

1 Membership Selection

Individuals *(select type below)*

eMembership

U.S. \$60 International \$60

College Student eMembership

U.S. \$40 International \$40

Professional Membership

U.S. \$75 International \$90

Parent eMembership

U.S. \$40 International \$40

Premier Membership

U.S. \$110 International \$125

Retiree eMembership

U.S. \$40 International \$40

Institutions *(Schools, Districts, Organizations) (select type below)*

eMembership

U.S. \$220 International \$220

Professional Membership

U.S. \$280 International \$355

Premier Membership

U.S. \$600 International \$750

2 Contact Information

Name Mr. Ms. Dr. _____

Title Teacher *(enter subject)* _____

Principal Asst. Principal Guidance Curriculum Technology

Superintendent Asst. Superintendent University Professor

Central Office Library Staff University Administration

Other _____

Institution _____

Preferred Address Home Work *(if purchasing an institutional membership, please use work address.)*

Address _____

City _____ State _____

Zip/Postal Code _____ Country *(if not U.S.)* _____

Telephone (W) _____

Telephone Home Cell _____

Fax _____

E-mail _____

(Required to receive online benefits. AMLE will not sell your e-mail address to other organizations.)

May we share your name with organizations requesting our mailing list? Yes No

Institutional Membership Information

For eMembership and Professional Membership list four additional names and e-mail addresses of persons to receive benefits. For Premier Membership list nine names and e-mail addresses of persons to receive benefits. All members must share the same physical address.

2. Name _____

E-mail _____

3. Name _____

E-mail _____

4. Name _____

E-mail _____

5. Name _____

E-mail _____

6. Name _____

E-mail _____

7. Name _____

E-mail _____

8. Name _____

E-mail _____

9. Name _____

E-mail _____

10. Name _____

E-mail _____

Four Easy Ways to Join AMLE

1. Visit our website at www.ample.org/membership
2. Fax completed application to 614-895-4750
3. Call AMLE Customer Service at 1-800-528-6672
4. Mail completed form to:
Association for Middle Level Education
4151 Executive Parkway, Suite 300
Westerville, Ohio 43081

3 Payment Methods

Total Amount Enclosed: \$

Type of payment. Please check one.

Valid Purchase Order enclosed. PO# _____

Check payable to AMLE in U.S. funds *(\$25 fee for returned checks)*

VISA MasterCard American Express Discover

Card Number _____

Expiration (mm/yy) _____ CSV Code _____

Cardholder Name *(Please Print)* _____

Authorized Signature _____

Print

Submit