



# Dual Membership

## Association for Middle Level Education

- AMLE Magazine online editions
- AMLE Newsletter e-mailed issues
- Middle School Journal online edition
- Free webinars and podcasts
- Ability to participate in online article discussions
- Discounted conference and event registration
- Up to 60% savings on books and resources

## Colorado Association of Middle Level Educators

- Colorado Middle Level Newsletter (4 issues a year)—included book review, research, and highlighted news from around the region
- Opportunity to apply for mini-grants to implement innovative middle level practices
- Significant discounts on conferences, workshops, and publications
- Voting rights—nominate, vote and/or serve on CAMLE's board or committees

## Dual Membership Form

### Association for Middle Level Education and Colorado Association of Middle Level Educators



### Contact Information

Name \_\_\_\_\_

Title \_\_\_\_\_

Teacher (*enter subject*)

Principal  Asst. Principal  Guidance  Curriculum

Technology  Superintendent  Asst. Superintendent

University Professor  Central Office  Library Staff

University Administration  Other \_\_\_\_\_

School Name \_\_\_\_\_

Address \_\_\_\_\_

Home  Work

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Home  Work

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

Birthdate (mm/dd/yy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Fees

\$59.99—Membership to Association for Middle Level Education and Colorado Association of Middle Level Educators

### Additional Products for Purchase

- AMLE Magazine (Print Subscription)  U.S. \$24.99 ea.
- Middle School Journal (Print Subscription)  U.S. \$24.99 ea.

### Payment

Complete payment must be received with registration form.

**Amount Due \$** \_\_\_\_\_

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

Valid Purchase Order enclosed. PO# \_\_\_\_\_

Visa  MasterCard  American Express  Discover

Card # \_\_\_\_\_

Exp. Date (mm/yy) \_\_\_\_\_ CSV# \_\_\_\_\_

Cardholder Name (please print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

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