



AMLE/IMLEA School Membership Application



Membership Type

Dual AMLE & IMLEA School Membership (*For districts with more than one middle grades school*) ~~\$424.99~~ \$309.00

Additional Products for Purchase	Quantity		U.S.		
AMLE Magazine (Print Subscription)*	_____	X	\$ 14.99 ea.	=	\$ _____
Middle School Journal (Print Subscription)*	_____	X	\$ 14.99 ea.	=	\$ _____
Total Quantity		_____	Total Additional Products		\$ _____

Print Benefit Selection

Name	Job Title	Email	Subject(s)	Grade(s)	AMLE Magazine Subscription\$	Middle School Journal Subscription\$

School Contact Information

School Name _____

Primary Contact _____

Title Teacher *Subject(s)* _____ *Grade(s)* _____

Principal Asst. Principal Guidance Curriculum Technology Superintendent

Asst. Superintendent University Professor Central Office Library Staff

University Administration Other _____

School Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Payment Methods

Purchase Order# (*attach purchase order*) _____

Check# _____

(\$25 fee for returned checks)

VISA MasterCard American Express Discover

Card Number _____

Expiration Date (mm/yy) _____ / _____ CSV Code _____

Cardholder Name (Print) _____

Signature _____

All middle schools in the district must join.

One application per school.

Indicate one billing contact for all schools.

Send all staff names & email addresses (Excel spreadsheet) to receive electronic benefits to membercenter@amle.org

Amount Due \$ _____