



Dual Membership

Association for Middle Level Education

- AMLE Focus on the Middle weekly email publication
- Middle School Journal online edition
- Free webinars, podcasts, and online courses
- Ability to participate in online article discussions
- Discounted conference and event registration
- Free shipping on AMLE store orders and up to 60% savings on books and resources

Indiana Middle Level Association

- Middling Around, newsletter published quarterly
- Reduced conference rates for State Conference and various workshops during the year
- Regular e-mail updates about opportunities around the state
- Access to the IMLEA Middle Level Resource Center at IMLEA office
- Networking/Resource opportunities
- Legislative updates on middle level issues and concerns
- Regional workshop and mini-conference opportunities.
- Video conferences focused on middle level concerns.
- IMLEA Web site—www.imlea.org

Dual Membership Form

Association for Middle Level Education and Indiana Middle Level Association



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.)

Birthday (mm/dd/yy) ____/____/____

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

Fees

\$94.99 —Membership to Association for Middle Level Education and Indiana Middle Level Association

Additional Products for Purchase

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 _____