



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
- Save money on school and office supplies

New Jersey Association for Middle Level Education

- Quarterly Newsletters with resources, best practices, and event information!
- Free registration for all Hungry for Learning Workshops
- Free registration for all Summer Skills Sharpening Workshops
- Discount for Statewide Annual Conference Registration
- Leadership opportunities: highlight your best practices in a guest blog or Twitter chat
- Information on partner PD Events
- Provides a statewide network of connected educators

Dual Membership Form

Association for Middle Level Education
and New Jersey Association for Middle Level Education



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

\$69.99—Membership to Association for Middle Level Education and New Jersey Association for Middle Level Education

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 _____