



AMLE School Membership Application

Membership Type School Membership \$249.99

Additional Products for Purchase

| | Quantity | | U.S. | Int'l. | |
|---|----------|---|--------------|-------------|------------|
| Middle School Journal (Print Subscription)* | _____ | X | \$ 14.99 ea. | \$29.99 ea. | = \$ _____ |
| Total Additional Products | | | | | \$ _____ |

Print Benefit Selection

| Name | Job Title | Email | Subject(s) | Grade(s) | Middle School Journal Subscription [§] |
|------|-----------|-------|------------|----------|---|
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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 _____

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

To review AMLE membership policies and terms and conditions, please visit amle.org/membership-policies.

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 _____

Amount Due \$ _____