



Dual School Membership

Association for Middle Level Education

- Access to the Successful Middle School Program
- AMLE Focus Bi-weekly newsletter
- Middle School Journal online edition
- Free Webinars and podcasts
- Discounted conference and event registration
- Up to 60% savings on books and resources
- Free shipping on all AMLE store purchases (in the continental United States)
- Save money on school and office supplies

Mississippi Association for Middle Level Education

- Bi-annual MAMLE newsletter
- Reduced rates at the annual MAMLE Fall Conference for attendees and presenters
- Opportunity to apply for MAMLE Teacher of the Year, MAMLE Team of the Year, and MAMLE Administrator of the Year
- An individual MAMLE membership card

Dual Membership Form

Association for Middle Level Education
and Mississippi 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.)

Birthdate (mm/dd/yy) ____ / ____ / ____

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

Fees

\$399.99—Whole School Membership to Association for Middle Level Education and Mississippi Association for Middle Level Education

Additional Products for Purchase

Middle School Journal (Print Subscription) U.S. \$14.99 ea.

A list of staff and journal subscriptions can be submitted along with this application to membercenter@amle.org.

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 _____