

Membership 2016–2017

NELMS, through it's vision, leadership, and programs provides a network of services for learning about and implementing developmentally appropriate practices for young adolescents that will serve them in their ever changing world.

Why join NELMS? What is available?

- * School based professional development and consultation services designed to meet the needs and objectives of the school
- School Improvement and School Reform strategies
- * Team, Instructional, and Leadership coaching
- * Content support
- * Advisory, teaming, scheduling, and young adolescent solutions
- * School and/or Program Assessment
- * Special member rate for Professional Development Activities, Annual Conference, Professional Summits, Summer Institute and more
- * Continuing Education and College Credit opportunities
- * Scholar Leader Dinner
- * Spotlight School Award and Recognition Programs
- * Discount books from the resource library
- * Networking and Colleagueship
- * Middle Level Advocacy
- * School memberships receive a \$100 voucher to go towards professional development activity
- * Individual/retiree members receive a \$25 voucher to go towards professional development activity
- * Student leadership/voice opportunities

We are here for you and the young adolescents you serve!

Membership application Title: Name: (name will be listed in membership directory) Street Address: City: _____ State: ____ ZIP: ____ Telephone: Fax: E-mail address* required: Contact Person: Number of middle level professional staff: _____ Grade Configuration:_____ *An e-mail address is required to receive NELMS member benefits. ☐ Small District Membership-\$295 ☐ Small School Membership-\$200 ☐ Comprehensive Membership-\$295 ☐ Individual Educator Membership—\$70 ☐ Parent/Retiree/Student Membership—\$35 Please attach a list of people that informs NELMS of all who are related to the specific membership requested. Also please indicate next to each person their subject area or grade level or title as well as an accurate e-mail address so that all will receive member benefits. Form of Payment Total Due: MasterCard Visa Discover Expiration Date: Card # Security Code (from back of card) Billing ZIP Code _____ Cardholder's Name: Signature:

Complete and mail or fax membership from with payment or purchase order to: NELMS • 50 High Street, Suite 10 • North Andover, MA 01845