NELMS/NHAMLE Joint Membership 2017–2018

New England League of Middle Schools

New Hampshire Association for Middle Level Education

We are leaders in promoting middle level best practices by providing collaborative learning experiences that support students' academic, social, and emotional growth and success.

Your 2015-2016 NELMS MEMBERSHIP will provide you with the following:

- ✓ Professional Development specific to middle level
- ✓ A $100.00 complimentary school voucher that can be used towards the registration for any professional development activity between July 1, 2017 and June 30, 2018
- ✓ CEU's and Graduate Credits
- ✓ Program and/or school assessment
- ✓ Opportunity to become a Spotlight School
- ✓ Recognitions of teachers and administrators implementing best practices
- ✓ Discounted rates for professional development and NELMS events
- ✓ Information specific to middle level
- ✓ Advocacy and networking for middle level education
- ✓ Purchase of professional books at a discounted rate
- ✓ Scholar Leader Dinner

NELMS/NHAMLE Joint Membership
Become a member of both organizations and save $20.00

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

Membership application

Name: _____ Title: _____

School: _____

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.

☐ **Comprehensive Membership–$295** ☐ **Joint NELMS/NHAMLE Membership–$350**

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: _____ P.O. Number _____ ☐ Check Enclosed
(signed purchase order attached)

☐ MasterCard ☐ Visa ☐ Discover Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date: ☐☐/☐☐

Billing ZIP Code _____ Security Code (from back of card) ☐☐☐

Cardholder's Name: _____ Signature: _____

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

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