New England League of Middle Schools

Membership 2017–2018

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

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 Workshops 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

Name: _____ Title: _____
(name will be listed in membership directory)

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** ☐ **Small District Membership–$295** ☐ **Small School Membership–$200**

☐ **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

Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date: ☐☐/☐☐

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

Cardholder's Name: _____

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

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