NELMS/NHAMLE Joint Membership 2018–2019

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 2018-2019 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 fee for any professional development activity between July 1 2018 and June 30, 2019
- ✓ Continuing Education and College Credit opportunities
- ✓ Program and/or school assessment
- ✓ Opportunity to become a Spotlight School
- ✓ **Member Only** – Early Bird Discounts for Professional Development Activities, Annual Conference, Professional Workshop, and more
- ✓ Recognitions of teachers and administrators implementing best practices
- ✓ Information specific to middle level
- ✓ Advocacy and networking for middle level education
- ✓ Discount books from the resource library
- ✓ Scholar Leader Dinner
- ✓ Student Leadership/Voice Opportunities
- ✓ **NEW THIS YEAR** – Pay for three (3) registrations to an event, get a 4th FREE (a $149-$325 value)
- ✓ **NEW THIS YEAR** – Pay one registration fee for selected one-day events; get a 2nd registration FREE (some restrictions may may apply – a $149-$179 value)*

*Join by September 30, 2018 to receive this offer!

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

☐ 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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