



# ***NELMS/NHAMLE Membership Application 2024-2025***

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 NELMS Membership will provide you with the following benefits:**

**SAVINGS**

- ✦ Join both organizations and SAVE
- ✦ Discount on conferences and workshops
- ✦ Discount on school based professional development and consultation services
- ✦ Discount on Middle Level Distinguished Student Awards
- ✦ Early Bird Discount for Annual Conference

**SERVICES**

- ✦ School based professional development and consultation services designed to meet the needs and objectives of your school
- ✦ Team, Instructional, and Leadership coaching
- ✦ Content support
- ✦ Advisory, teaming, scheduling, and young adolescent solutions
- ✦ School and/or Program Assessment
- ✦ Continuing Education and College Credit opportunities
- ✦ Distinguished Student Awards Celebration
- ✦ Spotlight School Award
- ✦ Awards Programs
- ✦ Middle Level Advocacy
- ✦ Student leadership/voice opportunities

## **Membership Rates**

<b>Membership Type</b>	<b>Rate</b>
<b>Comprehensive</b>	<b>\$325</b>
<b>Joint NELMS/NHAMLE</b>	<b>\$350</b>





New England  
League of  
Middle Schools



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**Membership starts on July 1st and ends on June 30th.**

**NELMS Comprehensive School Membership - \$325**

**NELMS/NHAMLE Joint Membership - \$350**

School: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Email Address\*: \_\_\_\_\_

Number of middle level professional staff: \_\_\_\_\_ Grade Configuration: \_\_\_\_\_

\*An email address is required to receive NELMS benefits.

**Form of Payment:**  Check (payable to New England League of Middle Schools)

Purchase Order # \_\_\_\_\_ (Must be attached to this form)

Credit Card (We accept MasterCard, Visa, and Discover.)

Card #: \_\_\_\_\_ Expiration Date (MMYY): \_\_\_\_\_

Security Code (from back of card): \_\_\_\_\_ Billing Telephone Number: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Billing City, State and Zip Code: \_\_\_\_\_

Print Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Completed form (with payment or signed purchase order) can be mailed, or e-mailed to:

**NELMS • PO Box 887 • Georgetown, MA 01833**

(877) 402-7627 • E-Mail: [nelms@nelms.org](mailto:nelms@nelms.org)