

AMLE/PAMLE School District Membership Application



For districts with more than one middle grades school. One form per school.

Membership Type

AMLE/PAMLE School District Membership $\ \square$ \$384 \$309 per school

All middle grades schools in the district must join. Please submit an application for each separate school. Include one district contact for all schools.

Additional Products for Purchase

AMLE Magazine (Print Subscription)*

AMLE School Membership

Quantity

Make all the middle schools in your district AMLE members for one low price.

X

QUESTIONS? Contact Paul Meck paulmeck3@gmail.com

PAMLE Institutional Membership

U.S.

\$ 14.99 ea.

All middle grades schools in the district become PAMLE members. Once the membership has been processed, PAMLE will send login instructions to the primary contact to distribute to each school, so staff can officially register on the PAMLE website.

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Middle School Journal (Print Sub	oscription)*	X \$14.99 ea.	= \$	
Tota	al Quantity ———	Total Additional	Products \$	
* Please identify recipients of additional p	products on the back of this form			
School Contact I				,
School Name				
District Primary Contact				
Title				
School Address				
City		State	Zip	
Telephone	Fax	Em	ail	
School District Name				
School District Address (if different	t from above)			
City		State	Zip	
Payment Method	ds			
Purchase Order# (attach purchase order	der)			
Check#			Amount Due \$	
(\$25 fee for returned checks)	E			
□ VISA □ MasterCard □ Ameri	can Express Unscover			
Card Number			Use back of form to add staff members.	
Expiration Date (mm/yy)	/ CSV Cod	le		
Cardholder Name (Print)				
Signature				

Membership Benefit Selection

Please send all staff names and email addresses in an Excel spreadsheet to **jedse@amle.org** to receive full member benefits. If you are paying extra for staff members to receive an *AMLE Magazine* or *Middle School Journal* subscription in print, please indicate those selections below.

Name	School	Job Title	Email	Subject(s) & Grade(s)	AMLE Magazine Subscription ^S	Middle School Journal Subscription ^S
Tamo	Comoci			diado(o)		Cabonipadin
				* Total Quantity		

^{*} Total quantity should match number of additional products you selected on the front of this form.

^{\$} Additional Cost for Subscriptions, see front of form.