



# AMLE School Membership Application

## Membership Type

School Membership  
 \$249.99

### Additional Products for Purchase

	Quantity		U.S.	Int'l.	
AMLE Magazine (Print Subscription)*	_____	X	\$ 14.99 ea.	\$29.99 ea.	= \$ _____
Middle School Journal (Print Subscription)*	_____	X	\$ 14.99 ea.	\$29.99 ea.	= \$ _____
<b>Total Quantity</b>				<b>Total Additional Products</b>	\$ _____

**\* Please identify recipients of additional products on the back of this form!**

## School Contact Information

School Name \_\_\_\_\_

Primary Contact \_\_\_\_\_

Title \_\_\_\_\_

- Teacher    *Subject(s)* \_\_\_\_\_    *Grade(s)* \_\_\_\_\_
- Principal    Asst. Principal    Guidance    Curriculum    Technology    Superintendent    Asst. Superintendent
- University Professor    Central Office    Library Staff    University Administration    Other

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

## Payment Methods

Purchase Order# \_\_\_\_\_  
*(attach purchase order)*

Check# \_\_\_\_\_  
*(\$25 fee for returned checks)*

- VISA     MasterCard     American Express     Discover

Card Number \_\_\_\_\_

Expiration Date (mm/yy) \_\_\_\_\_ / \_\_\_\_\_    CSV Code \_\_\_\_\_

Cardholder Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

**Amount Due \$** \_\_\_\_\_

**Use back of form to add staff members.**



