AMLE/OMLA School Membership Application



Membership Type





| | nal (Print Subscription)* | Quantity | | ea. = | \$ | |
|---|---------------------------|----------|------------|--------------|---|--|
| | | • | | • | oool's primary contact. | |
| Print Benefit S | selection | | | | 1 | |
| Name | Job Title | Email | Subject(s) | Grade(s) | Middle School Journal Subscription | |
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| | ct Information | | | | | |
| Primary Contact | | | | Send | Send all staff names, roles, & email addresses (Excel spreadsheet) to membercenter@amle.org to receive membership benefits. | |
| Title Teacher Subject(s) Grade(s) Grade(s) Principal Asst. Principal Guidance Curriculum Technology Superintendent Asst. Superintendent University Professor Central Office Library Staff University Administration Other | | | | sprea mem | | |
| School Address | | | | | ve membersinp benefits. | |
| City | State | | _ Zip | | | |
| Phone | Email | | | | | |
| Payment Met | hods | | | | | |
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| Signature | | | | Amou | ınt Due \$ | |