



AMERICAN MONTESSORI SOCIETY

School Membership Application

2009-2010

A blank PDF may also be downloaded from our website: http://www.amshq.org/schools_Membership.htm.
If you have any questions, contact Evelyn Jackson: 212/358-1250 or evelyn@amshq.org.

The school membership year is July 1, 2009 -June 30, 2010.

1. School Information

School Name _____

Complete School Mailing Address _____

Physical Site (if different from above) _____

For satellite, list the main site _____

School Telephone _____ School Fax _____

E-mail Address to be used for publication _____

School Web Address _____

Type of School (Check all that apply):

Independent

Public

Charter

Head Start

Non-profit

Proprietary

Year school was founded: _____

First year school of AMS membership: _____

Month School Begins: _____ Month School Ends: _____

Does your school offer a summer program? Yes No

Age range of students accepted: Youngest age _____ Oldest age _____

What special programs (e.g., art, music, language) does your school offer? _____

2. Head of School

Name: Mr. Mrs. Ms. Dr. Sr. _____

E-mail Address (not for publication): _____

Additional Head of School Name: Mr. Mrs. Ms. Dr. Sr. _____

E-mail Address (not for publication): _____

3. Classroom Information

Number of Infant Toddler Classrooms _____

Number of Early Childhood Classrooms _____

Number of Elementary I (6-9) Classrooms _____

Number of Elementary II (9-12) Classrooms _____

Number of Secondary I (12-14) Classrooms _____

Number of Secondary II (15-18) Classrooms _____

Total Number of Classrooms _____

Total Number of Students Enrolled _____

Fill in the information below for each of your head teachers and include a copy of his/her teaching credential. There is no need to add support staff. AMS has a policy of not renting personal home addresses or e-mails. We would, however, encourage you to add this information for your teachers so we may stay in touch with them.

Individual Teacher Memberships: You may purchase individual teacher memberships for the lead teachers by indicating below. Cost is \$65 per teacher for U.S. residents, \$45 for those individuals living outside the U.S. If all lead teachers hold a current membership for 2009-10, your school membership fee is eligible for a 10% discount on the membership fee. Teacher memberships must be current at the time of application for school renewal in order to receive the discount. Those teachers holding lifetime memberships or current student teacher memberships are exempt from additional payment.

TEP = Teacher Education Program. **NOTE: School applications require a Head of School membership (see payment section). Be careful not to pay twice for the head of school membership.**

Classroom Information	Purchase an AMS Individual Membership?	Classroom	Montessori Credentials
Name: _____ Home Address: _____ E-mail Address: _____ Co-teaches with _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half day am <input type="checkbox"/> Half day pm	Head of School information here Already has <input type="checkbox"/> Lifetime <input type="checkbox"/> Student Teacher	Ages: <input type="checkbox"/> Birth-2.5 <input type="checkbox"/> 2.5-6 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18 No. of students _____	TEP: _____ Level: _____ Date Completed: _____ Co-teaches with: _____
Name: _____ Home Address: _____ E-mail Address: _____ Co-teaches with _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half day am <input type="checkbox"/> Half day pm	Purchase a Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No Already has <input type="checkbox"/> Lifetime <input type="checkbox"/> Student Teacher	Ages: <input type="checkbox"/> Birth-2.5 <input type="checkbox"/> 2.5-6 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18 No. of students _____	TEP: _____ Level: _____ Date Completed: _____ Co-teaches with: _____
Name: _____ Home Address: _____ E-mail Address: _____ Co-teaches with _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half day am <input type="checkbox"/> Half day pm	Purchase a Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No Already has <input type="checkbox"/> Lifetime <input type="checkbox"/> Student Teacher	Ages: <input type="checkbox"/> Birth-2.5 <input type="checkbox"/> 2.5-6 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18 No. of students _____	TEP: _____ Level: _____ Date Completed: _____ Co-teaches with: _____
Name: _____ Home Address: _____ E-mail Address: _____ Co-teaches with _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half day am <input type="checkbox"/> Half day pm	Purchase a Membership? <input type="checkbox"/> Yes <input type="checkbox"/> No Already has <input type="checkbox"/> Lifetime <input type="checkbox"/> Student Teacher	Ages: <input type="checkbox"/> Birth-2.5 <input type="checkbox"/> 2.5-6 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18 No. of students _____	TEP: _____ Level: _____ Date Completed: _____ Co-teaches with: _____

4. Membership Categories and Requirements

Indicate the type of school membership for which you are applying:

- Full** All classroom lead teachers must hold Montessori credentials in the level(s) they are teaching. The credentials must be issued by an AMS-, AMI- or NCME-affiliated teacher education program, or from other Montessori Accreditation Council for Teacher Education (MACTE)-accredited programs.
- Associate** The school must have an AMS-, AMI-, NCME-, or other MACTE-credentialed lead teacher in some, but not all classrooms.
- Satellite** An additional site that is within the same state as the main site but is not immediately adjacent to the main school building. Complete an application for the main site (which is defined as the site with the largest number of children) plus a separate application for each satellite. A completed application must be submitted with the main site at the same time.
- Initiate** For schools that are just forming or for schools that are new to the American Montessori Society. Membership at this level is limited to 3 years during which time the school works toward the Full or Associate levels.
- International** Any school outside the United States. International schools may also be classified as Accredited, Full, Associate or Initiate.

5. AMS Code of Ethics and Information Assurance

AMS requires that all member schools comply with the AMS Code of Ethics. The Code of Ethics defines the commitment to the student, to the public, and to the profession. A copy is included with this application. In addition, it may be found on the AMS website, www.amshq.org or by contacting the AMS office at 212/358-1250. AMS must rely solely upon your self-compliance with the Code. By signing below, the head of school attests that s/he on behalf of her/his school has read, reviewed and implemented the AMS Code of Ethics at her/his school, which is in compliance with the AMS Code of Ethics. Also by signing below, the head of school attests that the information s/he included in this application is true and accurate.

Signature of Head of School

Date

6. Payment Information – Due July 1, 2009

Calculate your payment below by selecting one of the payment plans. Deduct 10% from your fee where indicated if **ALL** of your lead teachers either hold a current membership or you are purchasing individual memberships for them. There is no need to pay the Head of School fee or Individual membership fees for individuals who are lifetime members or current members (i.e., current students at AMS teacher education programs).

Regular School Membership Plan With or Without Satellites: The fee is calculated as follows:

A.	Number of students _____ x \$16.00 (maximum \$3,200)	\$ _____	
B.	Head of school fee for the main site	\$ 65.00	
C.	Number of satellites _____ x \$350*	\$ _____	
D.	Head of School fee for satellites _____ x \$65	\$ _____	
E.	Add A + B + C + D		\$ _____
F.	Deduct 10%, if applicable** (E x 0.10)		- _____
G.	Individual memberships _____ x \$65		+ _____
H.	Total Regular Plan Fee (E - F + G)		\$ _____

Family School Membership Plan With or Without Satellites: Under the Family School Plan, each family in your school receives a subscription to *Montessori Life*. The magazines will be mailed to your school in bulk. Subscriptions run concurrent with school membership. The fee is calculated as follows:

A.	Number of students _____ x \$10 (maximum \$630)	\$ _____	
B.	Number of families _____ x \$35.00	\$ _____	
C.	Head of school fee for the main site	\$ 65.00	
D.	Number of satellites _____ x \$350	\$ _____	
E.	Head of School fee for satellites _____ x \$65	\$ _____	
F.	Add A + B + C + D + E		\$ _____
G.	Deduct 10%, if applicable** (F x 0.10)		- _____
H.	Individual memberships _____ x \$65		+ _____
I.	Total Regular Plan Fee (F - G + H)		\$ _____

Initiate

A.	School fee	\$ 285.00	
B.	Head of school fee	\$ 65.00	
C.	Number of satellites _____ x \$350*	\$ _____	
D.	Head of School fee for satellites _____ x \$65	\$ _____	
E.	Add A + B + C + D		\$ _____
F.	Deduct 10%, if applicable** (E x 0.10)		- _____
G.	Individual memberships _____ x \$65		+ _____
H.	Total Initiate Fee (E - F + G)		\$ _____

International

A.	School fee	\$ 305.00	
B.	Head of school fee	\$ 45.00	
C.	Number of satellites _____ x \$350*	\$ _____	
D.	Head of School fee for satellites _____ x \$45	\$ _____	
E.	Add A + B + C + D		\$ _____
F.	Deduct 10%, if applicable** (E x 0.10)		- _____
G.	Individual memberships _____ x \$45		+ _____
H.	Total Initiate Fee (E - F + G)		\$ _____

* Satellites must submit completed applications. See the definition on page 3 of this application.

**Deduct 10% if all of your lead teachers hold current memberships or you are purchasing memberships for them with this application.

Payment Method

- Please charge \$ _____ to my MasterCard Visa Discover Card
Cardholder _____ Account # _____
Address of Cardholder _____ City _____
State/Province _____ Country _____ Zip/Postal Code _____
Expiration Date _____ Security code found on back of card _____
E-mail address of cardholder _____
Signature _____
- Enclosed is a check or money order payable to AMS in the amount of \$ _____. Payable in U.S. dollars and drawn on a U.S. bank only. Check # _____

**Mail or fax this completed form, along with payment, and credential certificates for all lead teachers, to:
American Montessori Society, 281 Park Avenue South, New York, NY 10010, Fax: 212/358-1256**