



American Montessori Society
 116 E 16th St, New York, NY 10003-2163
 212-358-1250 p 212-358-1256 f
 www.amshq.org

AMS Individual Membership Application/Renewal

Apply/renew online: [click here](#)

By mail: American Montessori Society, 116 E 16th St., New York, NY 10003-2163

By fax: 212-358-1256

Information: Jessica Carhuapoma: jessica@amshq.org or 212-358-1250 x 316

Name _____ E-mail _____
 Address _____
 City _____ State _____ Zip _____
 Country _____
 Phone (day) _____ Phone (evening) _____

This membership renewal/application must be postmarked no later than September 30, 2011, in order to be valid. All memberships using this form will expire July 1, 2012.

Check all that apply:

- I am a faculty member of an AMS-affiliated teacher education program (TEP)
TEP _____
- I am a Montessori-credentialed teacher
 Credential Level _____ Month & Year Rec'd _____ TEP _____

Your name as it appears on credential(s) _____

- This is a renewal membership. My member number is _____
- This is a new membership. I have a Montessori teaching credential.
- This is a new membership. I do not have a Montessori credential.

A. For Your Membership: All memberships expire June 30, 2012.

- \$ 70 Membership within USA (with *Montessori Life* subscription) \$ _____
- \$ 50 Membership outside USA (without *Montessori Life* subscription) \$ _____
- \$ 80 Membership outside USA (plus subscription to *Montessori Life*) \$ _____

B. Donate to the AMS Annual Fund: The Annual Fund supports member services, professional development and teacher education.

- \$25.00 \$50.00 \$100.00 Other \$ _____

C. Online NAMTA Bibliography: Access to an index of many Montessori periodicals, magazines, newspapers, books and dissertations.

- One-year subscription = \$12 (a \$20 value) \$ _____

Total Amount Payable (A + B + C) \$ _____

Enclosed is my check or money order payable to the American Montessori Society in the amount of \$ _____ .

Check # _____ Payable in U.S. dollars and drawn on U.S. bank only.

Charge \$ _____ to my VISA MasterCard Discover Card
 Cardholder _____ Account Number _____
 Cardholder Address _____
 City, State/Province _____ Zip/Postal Code _____ Country _____
 Expiration Date _____ Signature _____