



New England League
of Middle Schools

N E L M S

460 Boston Street, Suite 4 – Topsfield, MA 01983-1223

Membership Application

Mail Recipient: _____ Title: _____

Business: _____ Street Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

E-mail address* required: _____ Contact Person: _____

*An e-mail address is required to receive NELMS member benefits.

Please attach a list of people that informs NELMS of all who are related to the Business Membership. Also, please indicate next to each person their area or title as well as an accurate e-mail address so that all will receive member benefits.

Type of Membership:

_____ * NELMS Business Membership—\$99

Form of Payment:

P.O. Number _____

Check Enclosed

Bill Me

MasterCard Visa Card # Expiration Date: /

Cardholder's Name: _____ Signature: _____

Complete and mail or fax membership form with payment or purchase order to:

NELMS • 460 Boston Street, Suite 4 • Topsfield, MA 01983-1223

Phone: (978) 887-6263 • FAX: (978) 887-6504