New England League of Middle Schools
N E L M S
120 Water Street, Suite 403 – North Andover, MA 01845

Membership 2011–2012

NELMS, through it's vision, leadership, and programs provides a network of services for learning about and implementing developmentally appropriate practices for young adolescents that will serve them in their ever changing world.

Why join NELMS? What is available?

- School based professional development and consultation services designed to meet the needs and objectives of the school
- School Improvement and School Reform strategies
- Team, Instructional, and Leadership coaching
- Content support
- Advisory, teaming, scheduling, and young adolescent solutions
- School and/or Program Assessment
- Special member rate for Professional Development Activities, Annual Conference, Professional Summits, Summer Institute
- Continuing Education and College Credit opportunities
- Scholar/Leader Dinner
- Spotlight School Award and Recognition Programs
- Discount books from the resource library
- Networking and Colleagueship
- Middle Level Advocacy

We are here for you and the young adolescents you serve!

Membership application

Name:_____ Title: _____
(name will be listed in membership directory)

School:_____

Street Address:_____

City: _____ State: _____ ZIP: _____

Telephone:_____ Fax: _____

E-mail address* required: _____ Contact Person: _____
(distributes Mid Lines and other NELMS materials)

Number of middle level professional staff: _____ Grade Configuration:_____

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

☐ **Comprehensive Membership–$275** ☐ **Small District Membership–$275** ☐ **Small School Membership–$200**
☐ **Individual Educator Membership–$70** ☐ **Parent/Retiree/Student Membership–$35**

Please attach a **list of people** that informs NELMS of all who are related to the specific membership requested. Also please indicate next to **each person their subject area or grade level or title** as well as an **accurate e-mail address** so that all will receive member benefits.

Form of Payment

Total Due:_____ P.O. Number _____ ☐ Check Enclosed

☐ MasterCard ☐ Visa Card # ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date: ☐☐/☐☐
☐ Discover

Cardholder's Name:_____ Signature: _____

Complete and mail or fax membership from with payment or purchase order to:
NELMS • 120 Water Street, Suite 403 • North Andover, MA 01845