



# NELMS/NHAMLE Membership Application 2026–2027

We are leaders in promoting middle level best practices by providing collaborative learning experiences that support students' academic, social, and emotional growth and success.

## Your NELMS Membership will provide you with the following benefits:

### SAVINGS

- ✦ Join both organizations and SAVE
- ✦ Discount on conferences and workshops
- ✦ Discount on school based professional development and consultation services
- ✦ Discount on Distinguished Student Awards Celebration registrations (only available with school memberships)
- ✦ Early Bird Discount for Annual Conference

### SERVICES

- ✦ School based professional development and consultation services designed to meet the needs and objectives of your school
- ✦ Team, Instructional, and Leadership coaching
- ✦ Content support
- ✦ Advisory, teaming, scheduling, and young adolescent solutions
- ✦ School and/or Program Assessment
- ✦ Continuing Education and College Credit opportunities
- ✦ Distinguished Student Awards Celebration
- ✦ Spotlight School Award
- ✦ Educator Awards Programs
- ✦ Middle Level Advocacy
- ✦ Student leadership/voice opportunities

## Membership Rates

Membership Type	Rate
Comprehensive	\$350
Joint NELMS/NHAMLE	\$365



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**Membership starts on July 1st and ends on June 30th.**

**NELMS Comprehensive School Membership - \$350**

**NELMS/NHAMLE Joint Membership - \$365**

School: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Email Address\*: \_\_\_\_\_

Number of middle level professional staff: \_\_\_\_\_ Grade Configuration: \_\_\_\_\_

\*An email address is required to receive NELMS benefits.

**Form of Payment:**

- Check (payable to New England League of Middle Schools)
- Purchase Order # \_\_\_\_\_ (Must be attached to this form)
- Credit Card (We accept MasterCard, Visa, and Discover.)

Card #: \_\_\_\_\_ Expiration Date (MMYY): \_\_\_\_\_

Security Code (from back of card): \_\_\_\_\_ Billing Telephone Number: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Billing City, State and Zip Code: \_\_\_\_\_

Print Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Completed form (with payment or signed purchase order) can be mailed, or e-mailed to:

**NELMS • PO Box 887 • Georgetown, MA 01833**

**☎ (877) 402-7627 • E-Mail: [nelms@nelms.org](mailto:nelms@nelms.org)**