



# ***NELMS/NHAMLE Membership Application 2022-2023***

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 Scholar Leader Dinner registrations
- ✱ Early Bird Discount for Annual Conference

**SERVICES**

- |  |  |
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| <ul style="list-style-type: none"> <li>✱ School based professional development and consultation services designed to meet the needs and objectives of your school</li> <li>✱ Team, Instructional, and Leadership coaching</li> <li>✱ Content support</li> <li>✱ Advisory, teaming, scheduling, and young adolescent solutions</li> <li>✱ School and/or Program Assessment</li> </ul> | <ul style="list-style-type: none"> <li>✱ Continuing Education and College Credit opportunities</li> <li>✱ Scholar Leader Dinner</li> <li>✱ Spotlight School Award</li> <li>✱ Awards Programs</li> <li>✱ Middle Level Advocacy</li> <li>✱ Student leadership/voice opportunities</li> </ul> |
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**Membership Rates**

<b>Membership Type</b>	<b>Rate</b>
<b>Comprehensive</b>	<b>\$325</b>
<b>Joint NELMS/NHAMLE</b>	<b>\$350</b>



New England  
League of  
Middle Schools



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

**NELMS Comprehensive School Membership - \$325**

**NELMS/NHAMLE Joint Membership - \$350**

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)