



# NELMS Business Membership Application

The **NELMS Business Membership** is designed for business professionals. It enables key individuals within a business to enjoy the full benefits of a membership that is specifically designed to inform and educate your organization about the middle level marketplace. You will receive special advertising opportunities to drive educators and students to your services.

In addition, help us support effective Middle Level Education and be a part of a positive and effective nonprofit organization. Our services make a difference for students, our members, and their schools.

**At NELMS, it's all about learning and your business can support this imperative.**

**NELMS Business Membership** includes an array of benefits:

- 10% discount on booth space at our Annual Conference (up to a \$90 value)
- Inclusion in the "Businesses Supporting NELMS" directory in every edition of MidLines
- The latest news and information about middle level education and NELMS
- 10% off advertising rates in any NELMS communications
- Highlighting your business several times per year in our broadcast emails to over 12,000 email addresses.
- Special recognition on our website: [www.nelms.org](http://www.nelms.org)
- Special recognition at the Annual Conference during the General Session Visual Presentation and in the Annual Conference Program Book.



**We are here for you, future educators, and the young adolescents you serve!**

**Business Membership - \$299**

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

Organization Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail Address\* \_\_\_\_\_

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

**Accepted Forms of Payment:**  Check (payable to New England League of Middle Schools)

Purchase Order # \_\_\_\_\_ (Must be attached to this form)  Credit Card (MasterCard, Visa, or Discover)

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

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

Billing Address: \_\_\_\_\_  
(Street, City, State, and Zip Code)

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

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

Complete and return to:

**New England League of Middle Schools • PO Box 887 • Georgetown, MA 01833**

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