New England League of Middle Schools

College/University Membership
2023-2024

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

Benefits of Joining
❖ Complimentary registration to our 43rd Annual Conference for your undergraduate students (Additional fee for lunch)
❖ Complimentary registration for two faculty members to our 43rd Annual Conference (Additional fee for lunch)
❖ Opportunity for any faculty or undergraduate students to attend any NELMS professional development workshop/conference at the member price.
❖ Opportunity for your students to visit any of our Spotlight Schools.
❖ Complimentary visit by a NELMS staff member to an education department class to discuss any “to be determined” middle level topic.
❖ Complimentary individual NELMS membership for the 2024-2025 school year to your Education Major Graduates upon graduation this spring. (They simply need to apply.)
❖ Your Institution is listed on our website as an affiliate.
❖ Publicity in our quarterly newsletter as a supporter.

Membership Application

College/University Name: _____________________________________________________________

Street Address:___________________________________________________________________

City: __________________________ State: _______________ ZIP: _______________________

Telephone:________________________ Fax: ________________________________

Contact: __________________________ E-mail address* required: _______________________

Alternate Contact: ______________________ E-mail address* required: ___________________

Number of education majors: __________________________*An e-mail address is required to receive NELMS member benefits.

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

College/University Membership - $399

Form of Payment: □ Check (payable to New England League of Middle Schools)
□ Purchase Order #___________ (Must be attached to this form) □ MasterCard □ Visa □ Discover

Card #: __________________________ Expiration Date (MMYY): ___________________

Security Code (from back of card): __________________________ Billing ZIP Code: ______________

Print Cardholder’s Name: ___________________________________________________________

Cardholder’s Signature: __________________________

Complete form and return to:
NELMS • PO Box 887 • Georgetown, MA 01833
E-Mail: nelms@nelms.org • ☎ (877) 402-7627

05/02/2023