

**ARKANSAS ASSOCIATION OF MIDDLE LEVEL EDUCATION
MEMBERSHIP FORMS**

NAME _____ POSITION _____

SCHOOL NAME _____ DISTRICT _____ REGION _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE AND/OR WORK PHONE _____

E-MAIL ADDRESS _____

**PAYMENT METHOD:
INDICATE MEMBERSHIP OPTION BELOW:**

- _____ **INSTITUTIONAL (\$100 PER YEAR)**
- _____ **INDIVIDUAL (\$40 PER YEAR)**
- _____ **PRE-SERVICE (\$30 PER YEAR)**
- _____ **AAMLE/NMSA DUAL MEMBERSHIP (\$95)***

- _____ **Check** **Check #** _____
- _____ **Purchase Order (Attached) PO#** _____
- _____ **Credit Card** _____ **Visa** _____ **MasterCard**

_____ **Credit Card #** _____ **Expiration Date**

_____ **Authorized Signature**

Institutional Members:
List the names of four additional staff members at your school to receive benefits.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Mail the completed form to the following address:
AAMLE
ATTN: Membership Chair
P.O. Box 2120
Little Rock, AR 72203

***Dual Memberships Only**
Pam Kuntz
National Middle School Association
4151 Executive Parkway, Suite 300
Westerville, OH 43081

If you have questions, contact Charles Green at the above address or call (501) 351-6683