

# ARKANSAS ASSOCIATION OF MIDDLE LEVEL EDUCATION

## Membership Form

NAME:		POSITION:
SCHOOL NAME:	DISTRICT:	REGION:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:		WORK PHONE:
E-MAIL ADDRESS:	WORK/ALTERNATE E-MAIL:	

### MEMBERSHIP OPTIONS:

*Indicate option below:*

- Institutional (\$100 per year)
- Individual (\$40 per year)
- Pre-service (\$30 per year)

### INSTITUTIONAL MEMBERS:

*List names of four additional staff members at your school to receive benefits:*

1. NAME \_\_\_\_\_  
E-Mail \_\_\_\_\_
2. NAME \_\_\_\_\_  
E-Mail \_\_\_\_\_
3. NAME \_\_\_\_\_  
E-Mail \_\_\_\_\_
4. NAME \_\_\_\_\_  
E-Mail \_\_\_\_\_

### PAYMENT METHOD:

*Indicate Payment method below:*

- Check
- Purchase Order (attached)
- Credit Card     VISA     MASTERCARD     DISCOVER

Check Number:	
PO Number:	
Credit Card Number	

Credit Card Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Mail the completed form to:**

AAMLE  
ATTN: Membership Chair  
PO Box 2120 Little Rock, AR 72203

**If you have questions, contact Charles Green at the above address or call 501-351-6638**