

NHAMLE

New Hampshire Association for Middle Level Education MEMBERSHIP APPLICATION

INDIVIDUAL MEMBERSHIP INFORMATION

NAME: _____

ADDRESS: _____

Street City State Zip

PHONE: _____ FAX: _____

E-MAIL: _____

SCHOOL / INSTITUTIONAL INFORMATION

CONTACT PERSON: _____ POSITION: _____

SCHOOL NAME: _____

ADDRESS: _____

Street City State Zip

PHONE: _____ FAX: _____

E-MAIL: _____

SCHOOL CONFIGURATION:

Grade Levels: _____ No. of Students: _____ No. of Staff: _____

Please check the type of membership:

Individual membership -- \$25/yr.

Institutional membership -- \$75/yr.

Membership year is July 1 - June 30

Mail this completed for and remittance to:

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