



AMERICAN MONTESSORI SOCIETY

education that transforms lives

AMS Individual Membership Application/ Renewal

Please return your completed application: By mail: American Montessori Society
By e-mail: membership@amshq.org 116 E 16th Street
By fax: (212) 358-1256 New York, NY 10003-2163

Name		AMS ID Number
Street Address		
City	State/Province/District	Zip/Postal Code
Country		
E-Mail	Phone (Work)	Phone (Home)

All memberships using this form will expire **July 1, 2020**.

A. For your Membership: All memberships expire July 1, 2020.			
<input type="checkbox"/>	\$89 Basic Membership (without Montessori Life print subscription)		
<input type="checkbox"/>	\$92 Basic Membership within USA (includes Montessori Life print subscription)		\$ _____
<input type="checkbox"/>	\$149 Membership Plus (includes Montessori Life print subscription)		
<i>All members receive a digital subscription to Montessori Life</i>			
B. Donate to the AMS:			
<input type="checkbox"/>	Annual Fund	<input type="checkbox"/>	Peace Fund
<input type="checkbox"/>	Teacher Scholarships		\$ _____
<input type="checkbox"/>	\$25.00	<input type="checkbox"/>	\$50.00
<input type="checkbox"/>	\$100.00	<input type="checkbox"/>	Other Amount
Total Amount Payable			\$ _____

The total amount above is payable by check, money order or a credit card number provided below. **All dues are nonrefundable.**

Check #	<i>Payable in U.S. dollars and drawn on U.S. bank only.</i>								
Charge \$ _____	to my	<input type="checkbox"/>	VISA	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>	Discover card	<input type="checkbox"/>	American Express
Cardholder					Account Number				
Cardholder Address									
City			State/Province			Zip/ Postal Code			
Country					CVV				
Expiration Date			Signature						

Electronic Check (Only Available for individuals who have a U.S. Bank Account)

I authorize payment in the amount of \$ _____ be charged using the following e-check information:

Bank Routing Number: _____ Bank Account Number: _____

Bank Name: _____ The Name on the Bank Account: _____

This is a: Checking Account Savings Account

As a member of the American Montessori Society, I pledge to conduct myself professionally and personally in ways that reflect my respect for myself, my peers, and the children whom I serve and with whom I come in contact, across all identifiers. I will do whatever is within my talent and capacity to respect the right of each child to have the freedom and opportunity to develop their full potential and to experience their intrinsic dignity. The AMS Code of Ethics can be found here: <https://amshq.org/Educators/Membership/School-Membership/Member-Code-of-Ethics>].

Required Signature: _____

Date: _____