



**AMERICAN  
MONTESSORI  
SOCIETY**

# **School Membership Application: Through June 30, 2020**

**The school membership is for the period through June 30, 2020.**

If you have any questions, contact Brittany Kramer: 212/358-1250 or [brittany@amshq.org](mailto:brittany@amshq.org).

## **1. School Information**

School Name: \_\_\_\_\_

School Mailing Address \_\_\_\_\_

Street Address City State/ District Postal Code Country

Physical Site (if different from above) \_\_\_\_\_

Street Address City State/ District Postal Code Country

For satellite, list the main site \_\_\_\_\_

School Telephone \_\_\_\_\_ School Fax \_\_\_\_\_

E-mail Address to be used for publication \_\_\_\_\_

School Web Address \_\_\_\_\_

Type of School (Check all that apply):

☐ Independent ☐ Public ☐ Charter ☐ Head Start ☐ Non-Profit ☐ Proprietary

Year school was founded: \_\_\_\_\_ First year school of AMS membership: \_\_\_\_\_

Month School Begins: \_\_\_\_\_ Month School Ends: \_\_\_\_\_

Does your school offer a summer program? ☐ Yes ☐ No

Age range of students accepted: Youngest age \_\_\_\_\_ Oldest age \_\_\_\_\_

What special programs (e.g., art, music, language) does your school offer? \_\_\_\_\_

## **2. Head of School**

Name: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Sr. \_\_\_\_\_

E-mail Address (not for publication): \_\_\_\_\_

Home Address: \_\_\_\_\_

Additional Head of School Name: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Sr. \_\_\_\_\_

E-mail Address (not for publication): \_\_\_\_\_

Home Address: \_\_\_\_\_

Additional Head of School Name: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Sr. \_\_\_\_\_

E-mail Address (not for publication): \_\_\_\_\_

Home Address: \_\_\_\_\_

3. Individual Memberships. There are two types of membership, basic and plus.
- Basic memberships are \$89 for the membership year (note that Basic members within the U.S. may purchase print subscription of *Montessori Life* for an additional \$3).
  - Membership Plus are \$149 for the membership year. All heads of school join at the Plus level (see payment page). Plus memberships include a deeper conference registration discount and more opportunities for professional development

Benefits include:

	Basic - \$89	Plus - \$149
<i>Montessori Life</i>	Digital version only Hard copy subscription – additional \$3/year	Digital and Hard Copy
<i>Montessori Life</i> Special Ed.	No	Yes
Research Newsletter	No	Quarterly Digest Beginning October
NAMTA discount	Yes	Yes
Higher Logic networking	Yes	Special Interest Forms
Compensation & Benefits Survey	Yes	Yes
Montessori Event Discount	\$100	\$125
Early event registration	Yes	Yes
Welcome Gift	No	Yes
VIP Events (lunch with keynote, etc.)	No	Yes
Other Symposia Discount	5%	10%
Multi-Insurance Plans (auto, health, general liability, legal)	Yes	Yes
Webinar archive	Free to Members, no CPD	Free to Members, no CPD
Total Qualifying CPD units	5 units*	10 units*
Total Ethical Credits	3 units*	3 units*

- 1 unit = 1 hour of a professional development webinar or standalone workshop

Complete Section 3, if

- you are interested in participating in the Pathway of Continuous School Improvement, or,
- if you would like to purchase memberships for any or all of your staff.

Purchasing individual memberships for all of your lead teachers will entitle your school to a school dues discount: 10% for Basic or a combination of Basic and Plus memberships or 15% if all lead teachers hold Plus memberships. Note all lifetime memberships are considered Basic memberships with a subscription to *Montessori Life*.

Be sure to list all of the lead teacher(s) for each of your classrooms. Include a copy of his/her teaching credential as well.

#### 4. Lead Teacher and Classroom Information

Number of Infant Classrooms \_\_\_\_\_  
 Number of Toddler Classrooms \_\_\_\_\_  
 Number of Early Childhood Classrooms \_\_\_\_\_  
 Number of Elementary I (6-9) Classrooms \_\_\_\_\_  
 Number of Elementary II (9-12) Classrooms \_\_\_\_\_  
 Number of Secondary I (12-14) Classrooms \_\_\_\_\_  
 Number of Secondary II (15-18) Classrooms \_\_\_\_\_  
 Total Number of Classrooms \_\_\_\_\_  
  
 Total Number of Students Enrolled \_\_\_\_\_

Complete the below sections for any staff for whom you wish to purchase an individual membership for. Please make sure to choose which membership you would like to purchase (Basic or Plus).

TEP = Teacher Education Program.

Individual Teacher Information	Purchase an AMS Individual Membership?	Classroom	Montessori Credentials
Name: _____ Home Address: _____ E-mail Address: _____ Classroom Name: _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half day am <input type="checkbox"/> Half day pm	Purchase a Membership? <input type="checkbox"/> Basic <input type="checkbox"/> Plus  Already has <input type="checkbox"/> Lifetime <input type="checkbox"/> Adult Learner	Grade Level: <input type="checkbox"/> Birth-2.5 <input type="checkbox"/> 2.5- 6 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18  No. of students _____	TEP: _____ Level: _____ Date Completed: _____ Full name on Credential: _____
Name: _____ Home Address: _____ E-mail Address: _____ Classroom Name: _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half day am <input type="checkbox"/> Half day pm	Purchase a Membership? <input type="checkbox"/> Basic <input type="checkbox"/> Plus  Already has <input type="checkbox"/> Lifetime <input type="checkbox"/> Adult Learner	Grade Level: <input type="checkbox"/> Birth-2.5 <input type="checkbox"/> 2.5- 6 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18  No. of students _____	TEP: _____ Level: _____ Date Completed: _____ Full name on Credential: _____
Name: _____ Home Address: _____ E-mail Address: _____ Classroom Name: _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half day am <input type="checkbox"/> Half day pm	Purchase a Membership? <input type="checkbox"/> Basic <input type="checkbox"/> Plus  Already has <input type="checkbox"/> Lifetime <input type="checkbox"/> Adult Learner	Grade Level: <input type="checkbox"/> Birth-2.5 <input type="checkbox"/> 2.5- 6 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18  No. of students _____	TEP: _____ Level: _____ Date Completed: _____ Full name on Credential: _____

#### 4. Lead Teacher and Classroom Information Continued

Classroom Information	Purchase an AMS Individual Membership?	Classroom	Montessori Credentials
Name: _____ Home Address: _____ E-mail Address: _____ Classroom Name: _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half day am <input type="checkbox"/> Half day pm	Purchase a Membership? <input type="checkbox"/> Basic <input type="checkbox"/> Plus  Already has <input type="checkbox"/> Lifetime <input type="checkbox"/> Adult Learner	Grade Level: <input type="checkbox"/> Birth-2.5 <input type="checkbox"/> 2.5- 6 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18  No. of students _____	TEP: _____  Level: _____  Date Completed: _____  Full name on Credential: _____
Name: _____ Home Address: _____ E-mail Address: _____ Classroom Name: _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half day am <input type="checkbox"/> Half day pm	Purchase a Membership? <input type="checkbox"/> Basic <input type="checkbox"/> Plus  Already has <input type="checkbox"/> Lifetime <input type="checkbox"/> Adult Learner	Grade Level: <input type="checkbox"/> Birth-2.5 <input type="checkbox"/> 2.5- 6 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18  No. of students _____	TEP: _____  Level: _____  Date Completed: _____  Full name on Credential: _____
Name: _____ Home Address: _____ E-mail Address: _____ Classroom Name: _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half day am <input type="checkbox"/> Half day pm	Purchase a Membership? <input type="checkbox"/> Basic <input type="checkbox"/> Plus  Already has <input type="checkbox"/> Lifetime <input type="checkbox"/> Adult Learner	Grade Level: <input type="checkbox"/> Birth-2.5 <input type="checkbox"/> 2.5- 6 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18  No. of students _____	TEP: _____  Level: _____  Date Completed: _____  Full name on Credential: _____
Name: _____ Home Address: _____ E-mail Address: _____ Classroom Name: _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half day am <input type="checkbox"/> Half day pm	Purchase a Membership? <input type="checkbox"/> Basic <input type="checkbox"/> Plus  Already has <input type="checkbox"/> Lifetime <input type="checkbox"/> Adult Learner	Grade Level: <input type="checkbox"/> Birth-2.5 <input type="checkbox"/> 2.5- 6 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18  No. of students _____	TEP: _____  Level: _____  Date Completed: _____  Full name on Credential: _____
Name: _____ Home Address: _____ E-mail Address: _____ Classroom Name: _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half day am <input type="checkbox"/> Half day pm	Purchase a Membership? <input type="checkbox"/> Basic <input type="checkbox"/> Plus  Already has <input type="checkbox"/> Lifetime <input type="checkbox"/> Adult Learner	Grade Level: <input type="checkbox"/> Birth-2.5 <input type="checkbox"/> 2.5- 6 <input type="checkbox"/> 6-9 <input type="checkbox"/> 9-12 <input type="checkbox"/> 12-18  No. of students _____	TEP: _____  Level: _____  Date Completed: _____  Full name on Credential: _____

## 5. Payment Information

Calculate your payment below. Deduct 10% from your dues where indicated if ALL of your lead teachers at your site either hold a membership for 2019-20 or you are purchasing Basic memberships or a combination of Basic and Plus memberships for them. Deduct 15% if you are purchasing Plus memberships for them.

There is no need to pay the Head of School dues or individual membership dues for individuals who are lifetime members or current members (i.e., current students at AMS teacher education programs).

If your school has multiple sites: The site with the highest student enrollment is considered the main site, any other sites are considered additional satellites. Each site must fill out a separate application and dues are calculated separately.

A. Number of Students _____ x \$15.00 each		
(minimum payable \$500.00, maximum payable \$4950.00) \$ _____		
B. Heads of School _____ x \$149.00 each	\$ _____	\$ _____
C. Add A + B		
D. Deduct 10% if all lead teachers hold current memberships, Basic memberships or Plus memberships, <b>or</b>		- _____
E. Deduct 15% if all lead teachers hold Plus Memberships		- _____
F. Number of Lead Teachers _____		
Number of Basic Memberships _____ x \$89.00 each	_____	
Number of Basic Memberships with print <i>Montessori Life</i> _____ x \$92.00 each	_____	
Number of Plus Memberships _____ x \$149.00 each	_____	
G. Total due for teacher/ individual memberships		_____
Total dues		\$ _____

Public and schools outside the U.S. should contact [membership@amshq.org](mailto:membership@amshq.org) for further payment considerations.

## 6. AMS Code of Ethics and Information Assurance

AMS *requires that* all member schools *comply* with the AMS Code of Ethics. The Code of Ethics defines the commitment to the student, to the public, and to the profession. A copy is included with this application. In addition, it may be found on the AMS website, [www.amshq.org](http://www.amshq.org) or by contacting the AMS office at 212/358-1250. *AMS must rely solely upon your self-compliance with the Code. By signing below, the head of school attests that s/he on behalf of her/his school has read, reviewed and implemented the AMS Code of Ethics at her/his school, which is in compliance with the AMS Code of Ethics.* Also by signing below, the head of school attests that the information s/he included in this application is true and accurate.

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Signature of Head of School

Date

Note: Special discounts may apply to schools in designated federal poverty level areas in the US, for schools with multiple sites, or for international schools serving disadvantaged populations, contact Brittany Kramer ([brittany@amshq.org](mailto:brittany@amshq.org)) for further information.

**All memberships purchased are non-refundable. Those schools paying by paper check must include a \$25.00 handling fee.**

## Payment Information

☐ Please charge \$ \_\_\_\_\_ to my ☐ MasterCard ☐ Visa ☐ Discover Card ☐ American Express

Cardholder \_\_\_\_\_ Account # \_\_\_\_\_

Address of Cardholder \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security code found on back of card \_\_\_\_\_

E-mail address of cardholder \_\_\_\_\_

Signature \_\_\_\_\_

☐ Enclosed is a check or money order payable to AMS in the amount of \$ \_\_\_\_\_. Payable in U.S. dollars and drawn on a U.S. bank only. Check # \_\_\_\_\_ (Those schools paying by paper check must include a \$25.00 handling fee.)

Electronic Check (Only available for schools 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: \_\_\_\_\_

The Name on the Bank Account: \_\_\_\_\_

**Mail or fax this completed form, along with payment, and credential certificates for all lead teachers, to:**

**American Montessori Society, 116 E 16th St., New York, NY 10003, Fax: 212/358-1256**

**You may also email the application and coresponding documents to [brittany@amshq.org](mailto:brittany@amshq.org)**

## **Pathway of Continuous School Improvement**

**Name of School:**

**Contact Name/ Email Address:**

The Pathway of Continuous School Improvement supports member school in an ongoing commitment to providing and sustaining quality Montessori programs. Included in your AMS school membership, the Pathway offers guidance, coaching, and encouragement. It is a voluntary program that is divided into 10 easy-to-manage steps. Step 1 is AMS school membership. Schools on the Pathway at Step 5 or above will receive a certificate suitable for framing. Step 10 is AMS accreditation. For more information, contact [pathway@amshq.org](mailto:pathway@amshq.org).

To begin, answer the following five questions:

1. Does your school have at least one properly trained Montessori teacher in each classroom?  
Properly credentialed teachers are those teachers who have credentials issued by teacher education program affiliated with AMS, the National Center for Montessori Education, the Association for Montessori Internationale or other programs that are also accredited by the Montessori Accreditation Council for Teacher Education. Each lead teacher must be teaching at the level for which they were credentialed.

Yes                      No
  
2. Do each of your classrooms represent multi-age groupings?  
These groups include:  
    Infants: Birth – 18 months  
    Toddlers: 15 months – 3 years  
    Early Childhood: 2.5 – 6 years  
    Lower Elementary: 6 – 9 years  
    Upper Elementary: 9 – 12 years (or a combined Lower and Upper Elementary, 6 – 12 years)  
    Secondary: 12 – 15 years and 15 – 18 years, or 12 – 14, 14 – 16, and 16 – 18 years

Yes                      No
  
3. Do your classrooms use specially designed Montessori learning materials?

Yes                      No
  
4. Do your classrooms demonstrate child-directed work?  
Children are encouraged to choose meaningful, appropriately challenging work.

Yes                      No
  
5. Are there uninterrupted work periods in the classrooms?  
These uninterrupted work periods are an extended period of free choice time for a minimum of two hours per day for four days per week.

Yes                      No