



**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.

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 Website: _____ School Facebook Page: _____

Type of School (Check all that apply):

- Public Charter
- Public District (Non-Charter)
- Public Magnet
- Independent, Non-Profit
- Independent, Proprietary

Year school was founded: _____ First year of AMS membership: _____

Month School Begins: _____ Month School Ends: _____

Does your school offer a summer program? Yes No

Age range of students accepted (e.g. 6 Months to 12 Years): _____

What special programs (e.g. Art, Music, Language) does your school offer? _____

2. Head of School and Administrators

Include all heads of school below as well as administrators who will be able to perform fundamental tasks such as completing the online application, paying invoices, registering people for professional events, posting employment openings, etc.

Head of School

Name: Mr. Mrs. Ms. Dr. Sr. _____

E-mail Address (not for publication): _____

Home Address: _____

Additional Head of School Administrator

Name: Mr. Mrs. Ms. Dr. Sr. _____

E-mail Address (not for publication): _____

Home Address: _____

Additional Head of School Administrator

Name: Mr. Mrs. Ms. Dr. Sr. _____

E-mail Address (not for publication): _____

Home Address: _____

Additional Head of School Administrator

Name: Mr. Mrs. Ms. Dr. Sr. _____

E-mail Address (not for publication): _____

Home Address: _____

Additional Head of School Administrator

Name: Mr. Mrs. Ms. Dr. Sr. _____

E-mail Address (not for publication): _____

Home Address: _____

3. Lead Teacher and Classroom Information

Individual Memberships: There are two types of membership, Basic and PLUS.

- Basic membership is \$89 for the membership year (note that Basic members within the U.S. may purchase print subscription of *Montessori Life* for an additional \$3).
- MembershipPLUS is \$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:

Membership Benefits	Basic - \$89	PLUS - \$149
<i>Montessori Life</i>	Digital version only (Print subscription – additional \$3/year)	Digital and Print
Research Newsletter	No	Quarterly Digest Beginning October
NAMTA discount	Yes	Yes
AMS Connect networking	Yes	Yes
Compensation & Benefits Survey	Yes	Yes
Montessori Event Discount	\$100	\$125
Early event registration	Yes	Yes
Event Welcome Gift	No	Yes
VIP Events	No	Yes
Other Symposia Discount	5%	10%
Multi-Insurance Plans (auto, health, general liability, legal)	Yes	Yes
Entertainment Discounts	Yes	Yes
Webinar archive	Free to Members, no CPD	Free to Members, no CPD
Total Qualifying CPD units	5 units (a \$225 value)*	10 units (a \$450 value)*

*1 unit = 1 hour of a professional development webinar or standalone workshop. This is nontransferable and must be used July 1, 2019 – June 30, 2020.

Purchasing individual memberships at the Basic membership level or a combination of Basic and PLUS for all of your lead teachers will entitle your school to a school dues discount of 10%. Purchasing individual memberships at the PLUS membership level for all of your lead teachers will entitle your school to a school dues discount of 15%.

Note: All lifetime memberships are considered Basic memberships and will receive print copies of *Montessori Life*.

3. Lead Teacher and Classroom Information

Complete Section 3 if:

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

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. Please make sure to choose which membership you would like to purchase (Basic or PLUS).

TEP = Teacher Education Program

Individual Teacher Information	Purchase an 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: _____

3. Lead Teacher and Classroom Information

Individual Teacher Information	Purchase an 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: _____

4. 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, and 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, or	- _____
E. Deduct 15% if all lead teachers hold Plus Memberships	- _____
F. Number of Lead Teachers _____ Basic Memberships _____ x \$89 each	_____
Basic Memberships with print <i>Montessori Life</i> _____ x \$92 each	_____
Plus Memberships _____ x \$149 each	_____
G. Total due for teacher/ individual membership	\$ _____
 Total dues	 \$ _____

Public schools and schools outside the U.S. should contact membership@amshq.org for further payment considerations.

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

5. AMS Code of Ethics and Information Assurance

AMS requires that all member schools agree to comply with the AMS Code of Ethics. The Code of Ethics defines the commitment to the student, to the public, and to the profession.

You may find it at: <https://amshq.org/Educators/Membership/School-Membership/Member-Code-of-Ethics>

AMS relies on self-compliance with this 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, and that all of the information included in this application is true and accurate.

Signature of Head of School

Date

6. Payment Information

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

Cardholder _____ Account # _____

Address of Cardholder _____ City _____

State/Province _____ Country _____ Zip/Postal Code _____

Expiration Date _____ Security Code Found on the 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:

Checking Account Savings Account

Bank Routing # _____

Bank Account # _____

Name of Bank _____

The Name on the Bank Account _____

Mail or fax this completed form, along with payment, and credential certificates for all lead teachers listed in the application to:

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

You may also email the application and corresponding documents to brittany@amshq.org

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

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.

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 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