



**AMERICAN  
MONTESSORI  
SOCIETY**

# School Membership Application: Through 2020

A blank PDF may also be downloaded from our website: [http://www.amshq.org/schools\\_Membership.htm](http://www.amshq.org/schools_Membership.htm).  
If you have any questions, contact Brittany Emilio: 212/358-1250 or [brittany@amshq.org](mailto:brittany@amshq.org).

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

## 1. School Information

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

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

Street Address	City	State/ District	Postal Code	Country
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Physical Site (if different from above) \_\_\_\_\_

Street Address	City	State/ District	Postal Code	Country
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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E-mail Address (not for publication): \_\_\_\_\_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E-mail Address (not for publication): \_\_\_\_\_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E-mail Address (not for publication): \_\_\_\_\_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. 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	 _____

### 4. Membership Categories and Requirements

Indicate the type of school membership for which you are applying:

- ☐ **Full** All classroom lead teachers must hold Montessori credentials in the level(s) they are teaching. The credentials must be issued by an AMS-, AMI- or NCME-affiliated teacher education program, or from other Montessori Accreditation Council for Teacher Education (MACTE)-accredited programs.
- ☐ **Associate** The school must have an AMS-, AMI-, NCME-, or other MACTE-credentialed lead teacher in some, but not all classrooms.
- ☐ **Satellite** An additional site that is within the same state as the main site but is not immediately adjacent to the main school building. Complete an application for the main site (which is defined as the site with the largest number of children) plus a separate application for each satellite. A completed application must be submitted with the main site at the same time. Satellite schools may also be classified as Accredited, Full, Associate, or Initiate.
- ☐ **Initiate** For schools that are just forming or for schools that are new to the American Montessori Society. Membership at this level is limited to 3 years during which time the school works toward the Full or Associate levels.
- ☐ **International** Any school outside the United States. International schools may also be classified as Accredited, Full, Associate or Initiate.

### 5. 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

## 6. Lead Teacher and Classroom Information

Fill in the information below for each of your head teachers and include a copy of his/her teaching credential. There is no need to add support staff. AMS has a policy of not renting personal home addresses or e-mails. We would, however, encourage you to add this information for your teachers so we may stay in touch with them.

**Individual Teacher Memberships:** You may purchase individual teacher memberships for the lead teachers by indicating below. Cost is \$128 per teacher for U.S. residents, \$98 for those individuals living outside the U.S. If all lead teachers hold a current membership for 2018-2020, your school membership fee is eligible for a 10% discount on the membership fee. Teacher memberships must be current at the time of application for school renewal in order to receive the discount. Those teachers holding lifetime memberships or current student teacher memberships are exempt from additional payment.

TEP = Teacher Education Program. **NOTE: School applications require a Head of School membership (see payment section). Be careful not to pay twice for the head of school membership.**

Classroom Information	Purchase an AMS Individual Membership?	Classroom	Montessori Credentials
Name: _____ Home Address: _____ E-mail Address: _____ Co-teaches with _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half day am <input type="checkbox"/> Half day pm	<b>Purchase a Membership?</b>  Already has <input type="checkbox"/> Lifetime <input type="checkbox"/> Student Teacher	Ages: <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: _____  Co-teaches with: _____
Name: _____ Home Address: _____ E-mail Address: _____ Co-teaches with _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half day am <input type="checkbox"/> Half day pm	<b>Purchase a Membership?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Already has <input type="checkbox"/> Lifetime <input type="checkbox"/> Student Teacher	Ages: <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: _____  Co-teaches with: _____
Name: _____ Home Address: _____ E-mail Address: _____ Co-teaches with _____ <input type="checkbox"/> Full Day <input type="checkbox"/> Half day am <input type="checkbox"/> Half day pm	<b>Purchase a Membership?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  Already has <input type="checkbox"/> Lifetime <input type="checkbox"/> Student Teacher	Ages: <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: _____  Co-teaches with: _____

## 7. Payment Information

Calculate your payment below by selecting one of the payment plans. Deduct 10% from your dues where indicated if ALL of your lead teachers at your site either hold a membership for the 2018-2020 or you are purchasing individual 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 satellites. Each site should fill out a separate application and dues are calculated separately. It is most helpful if all applications for membership, main and satellite sites are mailed to AMS together.

Choose one option below:

**Stand Alone or Main Site School (Associate or Full members).** The amount due is calculated as follows:

<input type="checkbox"/>	A.	Number of students _____ x \$26.10 (minimum payable \$420, maximum payable \$7062)	\$ _____	
	B.	Head of school fee for the main site	+ 128.00	
	C.	Add A + B		
	D.	Deduct 10%, if applicable** (C x 0.10)	- _____	
	E.	Individual memberships _____ x \$128	+ _____	
	F.	Total Regular Plan Fee (C - D + E)		\$ _____

☐ **Satellite Site School Membership Plan.\*** Besides the main site payment above, additional satellite dues are calculated as follows:

A.	Number of students _____ x \$26.10 (min. payable \$420, max.\$1395)	\$ _____
B.	Head of school fee for the satellite site	+ 128.00
C.	Add A + B	
D.	Deduct 10%, if applicable** (C x 0.10)	- _____
E.	Individual memberships at the satellite _____ x \$128	+ _____
F.	Total Regular Plan Fee (C - D + E)	\$ _____

Total due \$ \_\_\_\_\_

<input type="checkbox"/>	<b>Initiate</b>	
A.	School fee	\$1052.00
B.	Head of school fee	\$ 128.00
C.	Number of satellites _____ x \$1052.00 each	\$ _____
D.	Head of School fee for satellites _____ x \$128	\$ _____
E.	Add A + B + C + D	\$ _____
F.	Deduct 10%, if applicable** (E x 0.10)	- _____
G.	Individual memberships _____ x \$128	+ _____
H.	Total Initiate Fee (E - F + G)	\$ _____

<input type="checkbox"/>	<b>International</b>	
A.	School fee	\$ 1052.00
B.	Head of school fee	\$ 98.00
C.	Number of satellites _____ x \$1052.00*	\$ _____
D.	Head of School fee for satellites _____ x \$98	\$ _____
E.	Add A + B + C + D	\$ _____
F.	Deduct 10%, if applicable** (E x 0.10)	- _____
G.	Individual memberships _____ x \$98	+ _____
H.	Total Initiate Fee (E - F + G)	\$ _____

\* Satellites must submit completed applications. See the definition on page 3 of this application.

\*\*Deduct 10% if all of your lead teachers hold memberships in 2018-2020 or if you are purchasing memberships for them with this application.

**Payment Method**

- ☐ Please charge \$ \_\_\_\_\_ to my ☐ MasterCard ☐ Visa ☐ Discover Card
- 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 # \_\_\_\_\_

**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**