ASSOCIATION MONTESSORI INTERNATIONALE (CANADA)
Affiliated to Association Montessori Internationale
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APPLICATION FORM FOR AMI MEMBERSHIP
January 1st to December 31st, 2020

Thank you for your interest in joining AMI (Canada), which includes membership in AMI. Your membership supports programs and outreach that benefit children, parents and educators across Canada.

Membership is open to all.

Membership includes:

- All AMI publications, such as *AMI e-Bulletin*, highlighting international news
- *AMI (Canada) e-Bulletin*, an e-newsletter published quarterly
- Discounts to workshops, conferences and talks sponsored by AMI (Canada)
- Discounted rates on job postings via our website and newsletter
- Discounted group rates for schools enrolling 5 or more members
- Eligibility to join individual Health Benefits through McKitterick Insurance

Individual annual membership: $95 CAD
Pay by e-transfer (info@ami-canada.com) or by cheque payable to AMI (Canada)

Group membership rate: Available to 5+ or 10+ members at the same school mailing address. Complete both the School Group Discount Form and the School Group Member Info Form. (5% discount for 5+ members; 10% discount for 10+ members)

Last name _____ **First name** _____

☐ **Check here to renew membership with no changes to contact information or update below**

Mailing address _____

City/Province/Postal code _____

Telephone number (____) _____ Email address _____

School of employment (if applicable) _____

Current status

☐ Guide/Teacher ☐ Class Assistant ☐ Post-Secondary Student ☐ Parent
☐ School Administrator ☐ School Board Member ☐ Other, please specify _____

Montessori Training Information (if applicable)

Training Centre _____ Location _____ Level(s) _____
Affiliation _____ Date of Diploma _____

Privacy Policy Opt Out: *In accordance with Canada's Personal Information Protection and Electronic Documents Act (PIPEDA), this is notification that AMI (Canada) will be sharing your contact information with conference sponsors, exhibitors and delegates, and from time to time with other AMI Affiliates.*

☐ *Check here if you do not wish to have your contact information shared.*

OFFICE USE ONLY *Date received* _____ *Payment amount $* _____

Payment method _____ *Welcome sent* _____ *Receipt number* _____