



Montessori Institute of America

APPLICATION FOR INDIVIDUAL MEMBERSHIP NEW OR RENEWAL

As a member of MIA, individuals have the opportunity to be a part of an international professional organization while adding strength to our mission and aiding us in advancing Montessori principles to the global community.

Individual members have voting rights in election of members to the MIA Board of Trustees. They also receive discounted registration fees for MIA international and regional conferences and workshops. Individual members receive the MIA Newsletter and opportunities for idea sharing and networking.

**Annual MIA membership runs from July 1 to June 30 of each year.
Application must be typed or printed clearly in English.**

* Required Information

MEMBER INFORMATION

Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Rev. <input type="checkbox"/> Sr.	Name *
Phone #: * cell: _____ business: _____	Today's Date
E-mail address: * (used for all correspondence & newsletters)	* <input type="checkbox"/> New Membership <input type="checkbox"/> Renewal Membership (Renewal means you were a member last year.) Member #: _____
Confirm E-mail address: *	
Address (city/state/country required)	
Street Address:	
* City:	
*State/Province:	
*Country	ZIP Code

Payment Method *

One Year Membership \$50.00 Payable in US dollars and drawn on a U.S. bank only.			
Method of Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order <input type="checkbox"/> PayPal <input type="checkbox"/> Credit Card			
Name on Credit Card	Credit Card Number	Exp.	CSC
By providing your credit card information, you are authorizing MIA to charge your account the amount indicated in the application. Applications will not be processed until payment is received.			

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Member Background
(check all that apply)
<input type="checkbox"/> Montessori Teacher Level: <input type="checkbox"/> Birth to 3 yr <input type="checkbox"/> 3 to 6 yr <input type="checkbox"/> 6 to 9 yr <input type="checkbox"/> 9 to 12 yr <input type="checkbox"/> Adolescent
<input type="checkbox"/> Montessori Teacher Trainer Level: <input type="checkbox"/> Birth to 3 yr <input type="checkbox"/> 3 to 6 yr <input type="checkbox"/> 6 to 9 yr <input type="checkbox"/> 9 to 12 yr <input type="checkbox"/> Adolescent
<input type="checkbox"/> Montessori Administrator:
<input type="checkbox"/> Montessori TEP <input type="checkbox"/> Montessori Practicum School <input type="checkbox"/> Montessori school
<input type="checkbox"/> Affiliate of MIA school or MIA TEP
<input type="checkbox"/> Parent of a Montessori student (past or present)
<input type="checkbox"/> Interested Individual
Particular interests regarding Montessori or MIA: <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>

Send or Email Membership Application To:	
QUICKEST METHOD:	MAILING ADDRESS:
Scan and Email Application to: membership@mia-world.org Subject Line: Membership	Montessori Institute of America 6107 SW Murray Blvd Suite #306 Beaverton, OR, USA 97008

FOR OFFICE USE ONLY-DO NOT WRITE BELOW THIS LINE					
Date Received		Pmt. Received.		Date Letter Sent	
New Member?		Member Number		Member Exp. Date	