

**AMI/USA MEMBERSHIP FORM**

**List only staff members for whom an AMI/USA membership fee will be paid.**

**The administrator and each classroom teacher must be AMI/USA members for the entire school year. All other staff members are welcome to join. Unless Directory Preference boxes are checked, we will include the member's full listing in the Directory.**

Name	Former name (if changed in the last year)					AMI Trained <input type="checkbox"/> Not AMI Trained  <b>Directory Preference:</b> <input type="checkbox"/> Withhold address <input type="checkbox"/> Withhold email address <input type="checkbox"/> Withhold phone number <input type="checkbox"/> Include full listing
Address	City	State	Zip Code			
Phone	Email Address					
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Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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