



2022-23 AMI Recognition Program

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 through June 30, 2023.

All others are welcome to join.

School Name:	<input type="text"/>	School Year:	<input type="text"/>
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AMI/USA Membership Form

Subscription Preferences

1	<input type="text"/>	<input type="text"/>		Share Contact	
	Name	Former Name (if applicable)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
	Address	City	State		Zip Code
	<input type="text"/>	<input type="text"/>			no
Phone	Email Address				
2	<input type="text"/>	<input type="text"/>		Share Contact	
	Name	Former Name (if applicable)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
	Address	City	State		Zip Code
	<input type="text"/>	<input type="text"/>			no
Phone	Email Address				
3	<input type="text"/>	<input type="text"/>		Share Contact	
	Name	Former Name (if applicable)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
	Address	City	State		Zip Code
	<input type="text"/>	<input type="text"/>			no
Phone	Email Address				
4	<input type="text"/>	<input type="text"/>		Share Contact	
	Name	Former Name (if applicable)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
	Address	City	State		Zip Code
	<input type="text"/>	<input type="text"/>			no
Phone	Email Address				
5	<input type="text"/>	<input type="text"/>		Share Contact	
	Name	Former Name (if applicable)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
	Address	City	State		Zip Code
	<input type="text"/>	<input type="text"/>			no
Phone	Email Address				
6	<input type="text"/>	<input type="text"/>		Share Contact	
	Name	Former Name (if applicable)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
	Address	City	State		Zip Code
	<input type="text"/>	<input type="text"/>			no
Phone	Email Address				
7	<input type="text"/>	<input type="text"/>		Share Contact	
	Name	Former Name (if applicable)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
	Address	City	State		Zip Code
	<input type="text"/>	<input type="text"/>			no
Phone	Email Address				
8	<input type="text"/>	<input type="text"/>		Share Contact	
	Name	Former Name (if applicable)			
	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
	Address	City	State		Zip Code
	<input type="text"/>	<input type="text"/>			no
Phone	Email Address				



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School Name:

School Year:

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9	<input type="text"/>		<input type="text"/>		Share Contact yes no
	Name		Former Name (if applicable)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Address City		State Zip Code		
	<input type="text"/>		<input type="text"/>		
	Phone		Email Address		
10	<input type="text"/>		<input type="text"/>		Share Contact yes no
	Name		Former Name (if applicable)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Address City		State Zip Code		
	<input type="text"/>		<input type="text"/>		
	Phone		Email Address		
11	<input type="text"/>		<input type="text"/>		Share Contact yes no
	Name		Former Name (if applicable)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Address City		State Zip Code		
	<input type="text"/>		<input type="text"/>		
	Phone		Email Address		
12	<input type="text"/>		<input type="text"/>		Share Contact yes no
	Name		Former Name (if applicable)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Address City		State Zip Code		
	<input type="text"/>		<input type="text"/>		
	Phone		Email Address		
13	<input type="text"/>		<input type="text"/>		Share Contact yes no
	Name		Former Name (if applicable)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Address City		State Zip Code		
	<input type="text"/>		<input type="text"/>		
	Phone		Email Address		
14	<input type="text"/>		<input type="text"/>		Share Contact yes no
	Name		Former Name (if applicable)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Address City		State Zip Code		
	<input type="text"/>		<input type="text"/>		
	Phone		Email Address		
15	<input type="text"/>		<input type="text"/>		Share Contact yes no
	Name		Former Name (if applicable)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Address City		State Zip Code		
	<input type="text"/>		<input type="text"/>		
	Phone		Email Address		
16	<input type="text"/>		<input type="text"/>		Share Contact yes no
	Name		Former Name (if applicable)		
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Address City		State Zip Code		
	<input type="text"/>		<input type="text"/>		
	Phone		Email Address		