



MICHIGAN MONTESSORI SOCIETY

466 N. John Daly Dearborn Heights, MI 48127-3703 (800) 308-4899

Application for Membership

Step 1 - Contact Information

Instructions: >

Print and complete in full.

Mail to the above address with a check for \$20 made payable to The Michigan Montessori Society.

Please note: >

The Michigan Montessori Society will be providing most communication in electronic format. Your email address is essential. Email is used for MMS newsletters and other MMS communications only.

Name

Address

City

State

Zip Code

Email Address

Telephone Number

Business Telephone Number

Please check if you do not want us to publish your home address, phone number, and email address in the MMS directory.

Step 2 - Personal Information

Please check the appropriate box(es). >

I am currently a/an:

- Montessori Director/ess**
 - Administrator**
 - Assistant**
 - Intern**
 - Parent**
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- Other

I am currently working with:

- Infant - 6 weeks to 18 months**
- Toddler - 18 months to 3 years**
- Primary/Preschool - 3 to 6 years**
- Lower Elementary - 6 to 9 years**
- Upper Elementary - 9 to 12 years**
- Middle school - 12 to 15 years**
- High school - 15 to 18 years**

I am associated with the below school:

Name of school

Address

City

State

Zip Code

I would like MMS to address the below topics/speakers in future workshops:

I would be willing to serve on the MMS Board of Directors.