



ASSOCIATION MONTESSORI INTERNATIONALE (CANADA)

Affiliated to Association Montessori Internationale

www.ami-canada.com info@ami-canada.com



School Group Discount Form- 2022

School Name: _____

Calculation for 5 to 9 members (5% discount off the regular \$95 annual fee)

AMI (Canada) Memberships: (# of people) _____ x \$90.25 = \$ _____

OR

Calculation for 10 or more members (10% discount off the regular \$95 annual fee)

AMI (Canada) Memberships: (# of people) _____ x \$85.50 = \$ _____

Pay by e-transfer (info@ami-canada.com) or by
cheque payable to AMI (Canada) and mail to *Unit 13 – 2100 Bloor Street West,
Toronto, ON, M6S 1M7*

Please provide the complete information for each applicant on the Individual Membership Information form found on the next page.

Unit 13 – 2100 Bloor Street West, Toronto, ON, M6S 1M7



ASSOCIATION MONTESSORI INTERNATIONALE (CANADA)

Affiliated to Association Montessori Internationale

www.ami-canada.com info@ami-canada.com



Individual Member Information

Contact Information

First Name _____ Last Name _____

Mailing Address _____

City/Province/Postal Code _____

Telephone No. _____ Email _____

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(s) _____ Location(s) _____ Level(s) _____

Affiliation _____ Date of Diploma _____

In accordance with Canada's Personal Information Protection and Electronic Documents Act (PIPEDA), this is a 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:

Contact Information

First Name _____ Last Name _____

Mailing Address _____

City/Province/Postal Code _____

Telephone No. _____ Email _____

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(s) _____ Location(s) _____ Level(s) _____

Affiliation _____ Date of Diploma _____

In accordance with Canada's Personal Information Protection and Electronic Documents Act (PIPEDA), this is a 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.

Unit 13 – 2100 Bloor Street West, Toronto, ON, M6S 1M7



ASSOCIATION MONTESSORI INTERNATIONALE (CANADA)

Affiliated to Association Montessori Internationale

www.ami-canada.com info@ami-canada.com



Check here if you do not wish to have your contact information shared:

