



ASSOCIATION MONTESSORI INTERNATIONALE (CANADA)

Affiliated to Association Montessori Internationale

Unit 13 -2100 Bloor Street W, Toronto, ON M6S 1M7

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APPLICATION FORM FOR AMI MEMBERSHIP

January 1st, 2022 to December 31st, 2022

Thank you for joining AMI (Canada) which includes membership in AMI. Your membership supports programs and outreach that benefit children, parents and educators across Canada.

Membership is open to all.

Membership includes:

- All AMI publications, such as *AMI e-Bulletin*, highlighting international news
- *AMI (Canada) e-Bulletin*, an e-newsletter
- Discounts to workshops, conferences and talks sponsored by AMI (Canada)
- Discounted rates on job postings via our website and newsletter
- Discounted group rates for schools enrolling 5 or more members
- Eligibility to join individual Health Benefits through McKitterick Insurance

Individual annual membership: \$95

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

Group membership rate: available to 5+ or 10+ members at the same school mailing address. Complete both the School Group Discount Form and the School Group Member Info Form.
(5% discount for 5+ members; 10% discount for 10+ members)

First name: _____ **Last name:** _____

Mailing address: _____

City/Province/Postal Code: _____

Telephone number: () _____ **Email address:** _____

School of employment (if applicable): _____

Current status:

Guide/ teacher Class assistant Post-Secondary Student Parent
 School Administrator Other, please specify

Montessori Training Information (if applicable)

Training Centre: _____ **Location:** _____ **Level(s):** _____

Affiliation: _____ **Date of diploma:** _____

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

OFFICE USE ONLY

Payment method: _____

Date received: _____

Welcome sent: _____

Payment amount: _____

Receipt number: _____