



CMLA/NMSA Chapter Membership Application



The individual completing this form will be considered the contact person and advisor for the student organization.

Collegiate Advisor: _____

College/University: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____ Country: _____

TEL (W): (_____) _____ (H) (_____) _____ FAX: (_____) _____

E-mail: _____

List 3 names/titles of student officers or other individuals to receive benefits and voting privileges:

	Name	Title	E-mail
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Collegiate Chapter Membership

US \$219

International \$254

Total Amount Enclosed: _____

Type of Payment (Please check one)

Purchase Order (must accompany this form)

Check (payable to NMSA in US funds)

VISA

MasterCard

American Express

Card Number: _____ Exp. Date: _____

Cardholder Name: _____ Signature: _____

Send to: National Middle School Association, 4151 Executive Parkway, Suite 300, Westerville, Ohio, 43081