



Association of A.M.I. Teachers. (Ireland)

Affiliated to Association Montessori Internationale

MEMBERSHIP APPLICATION FORM 09/10

Full Name: (Block Capitals) _____

Address (for correspondence) _____

(Please inform Membership secretary of a change of address)

Contact Number(s) _____ Mobile _____

Email Address _____

Please tick which cluster group area you are in so that you can be notified about up coming events:
Dublin N, Dublin S, Leinster, Munster or Connaught.

Qualifications

College _____

Year(s) of graduation _____

A.M.I. Diploma Number(s) _____

Please state any other relevant qualifications _____

PLEASE TICK THE APPROPRIATE BOXES

Fees for 12 Months

Running your own school?	Y	N
Employed in a Montessori School? 3-6 years	Y	N
Employed in a Montessori School? Elementary	Y	N
Working in Special Education?	Y	N
Other (please specify)		

Full Fee Membership	€125
Graduated 2007	€85
Graduated 2008	€10
Graduated 2009/3 rd Year Student	Free
Honorary Member	Free

Please return this form enclosing cheque (payable to The Association of A.M.I. Teachers of Ireland) to;

Andrea McLean, 3 Glencairn Heath, The Gallops, Leopardstown, Dublin 18 (086 2217077)

Date: _____

Please sign your name in the box below