

**MSC Membership Registration Form
2015-2016 Academic Year**

PLEASE PRINT

School Name _____

Address _____

Phone Number _____ FAX Number _____

Year school was established _____

Affiliation (circle one) AMI AMS

Head of School _____

Email _____

Number of Students _____

Dues Enclosed _____

*By joining MSC -Members agree to abide by the **Principles of Good Practice***

Please complete and return this form by September 23, 2015 to:

Mark Meyer, Treasurer, MSC
C/O Hudson Country Montessori School
44A Shelter Rock Rd.
Danbury, CT
Attn: MSC Membership

Enclose the following items*:

- **The above registration information**
- **A copy of your school's current year AMI or AMS membership certificate**
- **Dues as calculated below (payable to Montessori Schools of CT)**

MSC Dues Schedule:

\$100: </= 50 students \$200: 51 - 100 students \$300: above 100 students

*Web site post will be completed upon receipt of all criteria