

MSC Membership Registration Form  
2018-2019 Academic Year

**PLEASE PRINT**

School Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Year school was established \_\_\_\_\_

Affiliation (circle one)    AMI            AMS    Commencing membership w/AMI or AMS

Head of School \_\_\_\_\_

Email \_\_\_\_\_

Number of Students \_\_\_\_\_

Program Levels \_\_\_\_\_

Dues Enclosed \_\_\_\_\_

By joining MSC -Members agree to abide by **Principles of Good Practice and Common Threads for Montessori Implementation**

**Please complete and return this form by September 10, 2018 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