

All for One!  
One for All!



MCSS

www.mcssmi.org  
(734) 975-2811



MCTM

www.mictm.org  
(734) 477-0421



MSTA

www.msta-mich.org  
(734) 973-0433

## Mathematics, Science and Social Studies

Joint membership subscription is an innovative method to enable educators to stay informed about the disciplines that are vital to the learning process in a way that is **cost-effective!** Joint membership options allow educators and schools/instructors to become members of all three organizations with a single application and one low payment.

### Joint membership benefits:

- Professional networking across disciplines
- Access to expertise and skills of leading experts in each field
- Great source of information regarding changes on state standards and assessments
- High quality professional development
- Collective voice at state level
- Less paperwork

## Two Joint Membership Options:

### Individual Membership

1 year individual membership includes:

- E-newsletters from each association (Each association will send you an announcement when their Newsletter is available for viewing or printing in their members-only section of their website).
- For associations having a Journal, an e-notice will be sent when it is available on-line
- Reduced member rates for conference registration for each association
- Voting privileges for all three associations
- Announcements from all three associations
- Access to all three associations' websites, as well as their Members-Only section!
- Your professional individual membership is tax deductible

### School/Institutional Membership

This membership is held by the school/institution and not by individuals. When information is sent to the designated contact person, they relay it to the appropriate teacher. For example, when the conference information for mathematics is received it is forwarded to three teachers of interest, the science information received and forwarded to the same three teachers OR other teachers with science interest, and the social studies information received and forwarded to the same teachers OR other teachers with social study interest. This gives the opportunity for the information to be shared between nine different teachers.

The membership also provides:

- Privileges to be transferred to different individuals within the building
- Teachers to get membership privileges for all three organizations
- Registration at member rate for each association's conference for three individuals
- E-mail notification to the contact person when the associations Newsletters are on-line. The contact person can then relay on to any three individuals of its availability
- Each association that publishes a Journal will send three copies to the contact person for distribution
- Up to as much as a 45% savings over three individual memberships!

## Membership Application

### Individual Joint Membership = \$60

Preferred mailing address:  Home  Work

School/Institution: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

(\*Must provide e-mail to receive notice when publications are available on each association's website.)

Grade level: \_\_\_\_\_ Years teaching: \_\_\_\_\_

Primary subject: \_\_\_\_\_

### School/Institutional Membership = \$175

School/Institution: \_\_\_\_\_

Contact person: \_\_\_\_\_

(This will be the person responsible for distributing information sent from all three associations).

School address: \_\_\_\_\_

School City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

(\*Must provide e-mail to receive notice when publications are available on each association's website.)

## Payment Information

Total Amount = \$ \_\_\_\_\_

Check (Payable to AMR Alliance)  Purchase Order#: \_\_\_\_\_

Visa  MasterCard

Card Number: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

(3 or 4 digit code on back of card)

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this completed form to: Joint Professional Membership, 3300 Washtenaw Ave., Suite 220, Ann Arbor, MI 48104, 734-973-0433, Fax: 734-677-2407, Questions: Email [sue@ucia2.com](mailto:sue@ucia2.com)