



Bay Area Montessori Association

MEMBERSHIP FORM

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Email: _____

Would you like to be part of our mailing list and receive BAMA updates? Yes No

Best way to contact you? Mail Phone Email

BAMA values your privacy and will not distribute your information to anyone. You can unsubscribe to our mailing list at any time by emailing to contact@bayareamontessoriassociation.org.

School Affiliation: _____

Current Position:

Teacher/Guide

Administrator

Assistant/Support Staff

Parent/Friend

Other _____

Membership Fee*:

Early Bird Special! Become a member by Sept 12 and get one FREE Workshop

Pick your free workshop: Compassionate Classroom: Oct 3 Art and Music: Jan 23

Individual Membership

\$45 annual membership from July 1 – June 30

*Bay Area Montessori Association is a 501.c.3 non-profit organization where membership contribution is tax deductible (Tax ID #20-8701364).

Payment Method:

Please make check or money order payable to: *Bay Area Montessori Association*.

Mail completed membership form with payment to:

BAMA Membership c/o Shirley Gaston
1880 Los Altos Dr.
San Mateo, CA 94402

**Please direct membership questions to Jo Anne Bailey
(650) 325-7060, jayjaybailey@yahoo.com**

Visit www.bayareamontessoriassociation.org

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Comments and Suggestions:

How can the BAMA community support your professional development?

How would you like to get involved in BAMA?

(For example: fundraising, mailings, ideas, phone tree, volunteering, event set up, planning meetings, hosting, etc. Use your creativity.)

What skills would you like to offer to the community?

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