



JOIN TODAY!

The Canadian Association of Montessori Teachers (CAMT) is a national organization devoted to excellence in teaching. Our goals are to promote the interests of Montessori teachers, to advance the standards of the profession while seeking to improve the quality of Montessori education in Canada.

Full Membership in CAMT is open to Montessori diploma holders. Full membership privileges include: full voting rights, opportunity to join Executive Committee, discounts and advance notice of workshops and conferences, subscription to *CAMT News*, free advertisement for teachers seeking employment and inclusion in our Directory.

Associate Membership in CAMT is open to Montessori teaching assistants, other educators, administrators, related professionals, student teachers and honorary members. Associate membership privileges include discounts and advance notice of workshops and conferences, subscription to *CAMT News*, free advertisement for teachers seeking employment and inclusion in our Directory. This is a Non-Voting membership.

Membership Term: September 1, 2011 to August 31, 2012

Prices (in Canadian funds)

Full Membership	only \$60.00	
Associate Membership	only \$60.00	
Student Membership	\$FREE\$	with letter from training institute.

PAYMENT OPTIONS:

Visa/Mastercard: To pay using a credit card, please visit <http://www.camt100.ca/membership.htm>

Cheque/Money Order: Please make payable to CAMT and send with the form below to:

CAMT
312 Oakwood Court
Newmarket, ON L3Y 3C8

For complete information about CAMT's membership regulations, refer to our website **www.camt100.ca**
e-mail us at info@camt100.ca or call (416) 755-7184

--- Cut here and return with cheque or money order ---

MEMBERSHIP FORM

Mail to: CAMT 312 Oakwood Court Newmarket, ON L3Y 3C8

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

E-mail: _____

In an effort to support GREEN INITIATIVES, email communications are encouraged.

___ Please indicate here if you would like to receive all communication via email.

New Full Members only:

Training Institution: _____

Location: _____

Year of Training: _____ Diploma #: _____

Level of Course (circle): **Infant / Toddler / Casa / Lower EI. / Upper EI. / Renaissance**

Membership Level **(Check one only)**

____ Full
____ Associate
____ Student

Note:

Incomplete forms will not be processed.
Also, a service charge of \$20 will be levied on all NSF cheques.