



MR. /MRS. /MISS /MS. FIRST NAMES.....
 SURNAME.....
 ADDRESS.....

 POST CODE..... TELEPHONE NO.....
 EMAIL.....

I hold a 0-3 3-6 6-12 Montessori qualification from:-

..... (please state college)

I am a Parent I am a Student Other.....

OVERSEAS SUBSCRIPTION £25 (Society membership only) please enclose payment in UK sterling to the Montessori Society AMI (UK)

DEBIT/CREDIT CARDHOLDER NAME.....
 CARD BILLING ADDRESS.....

POST CODE..... EXPIRY DATE.....

UK MEMBERSHIP £45 (includes Association Montessori Internationale membership)

STANDING ORDER Please quote name as reference.....

On receipt of this order and on the same date of each subsequent year until further notice
 Please pay to the HSBC Bank, 147 Haverstock Hill, London NW3 4QU the sum of £45
 To be credited to The Montessori Society AMI (UK) Sort code 40-01-15 Account No. 11097148

Name & Address of your Bank.....

 Sort code..... Account Number.....
 Your Name and Address.....

 Signature..... Date.....

This form supersedes any previous standing order to the Montessori Society AMI (UK)

26 Lyndhurst Gardens, London NW3 5NW email: membership@montessori-uk.org 020 7435 7874

Affiliated to the Association Montessori Internationale, 161 Koninginneweg, 1075 CN Amsterdam, The Netherlands