



**Application Form for
"NON-ACCREDITING MEMBER"**

NAME OF ORGANIZATION: _____

Name of Representative: _____ Title: _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Work Phone: _____

Cell Phone: _____

E-Mail Address: _____

Website Address: _____

Year organization was established: _____

Number of current Member Schools: _____

Indicate how many of these are accredited: _____

Is the organization primarily an accrediting body? ____ yes ____ no

Is the goal of this organization to become a FAANS "Accrediting Member"? ____ yes ____ no

Submission of this Initial Application allows a Representative from the organization to attend FAANS Meetings during the next three years as a non-voting Guest only.

Paid Non-Refundable Application Fee *Date paid:* _____

Name of Organization's Representative: _____

Signature: _____ **Date:** _____

-----*Below to be completed by FAANS Membership & Standards Committee only*-----

The organization is a recognized member of one or more of the following:

____ *"National Council for Private School Accreditation" (NCPSA)*

____ *"International Council Advancing Independent School Accreditation" (ICAISA)*

____ *Recognized Accrediting Organization of another State "CAPE" Network Association.*

Name of Association: _____

Name of "Membership & Standards Committee" Chair: _____

Name of FAANS President: _____

Date Initial Application submitted: _____

Date Initial Application received: _____