



**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 \$500 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:* \_\_\_\_\_