



ACCS: Affiliate Business Membership Application

Affiliate business: Tutorials, homeschool cooperatives, publishers & material providers.

Incomplete applications will not be considered.

I. Directory Information

Name of business: _____

Name of administrator: _____

Mailing address: _____
(city, state, and zip)

Facility address: _____
(city, state, and zip)

Phone number: _____ Fax number: _____

E-mail: _____ Website: _____

Do you want this information to appear on our website? Y N

Office Use Only

- | | | | |
|-------------------------------------|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Web Alpha | <input type="checkbox"/> Certificate | <input type="checkbox"/> Approved |
| <input type="checkbox"/> Database | <input type="checkbox"/> New Mbr Notify | <input type="checkbox"/> Congrats | <input type="checkbox"/> Map |
| <input type="checkbox"/> Web Member | <input type="checkbox"/> Email/Group | <input type="checkbox"/> Copied | <input type="checkbox"/> File Update |

II. Program Information

1. Have you read the ACCS Mission Statement? Y N

2. Have you read the ACCS Confession of Faith? Y N

Please describe how your services or materials conform to the methodology of the Trivium or directly support the mission of ACCS.

The signature of the individual below affirms that the signatory is an authorized agent of the business, that the business understands the conditions of membership in ACCS and subscribes to the ACCS Confession of Faith, is in basic agreement with the vision for education set forth in the ACCS Mission Statement, and hereby applies for membership.

_____ Date: _____
(signature of authorized agent)

Name of Authorized Agent: _____
(please print)

Email or phone number of Authorized Agent: _____

Submit application with dues payment to:
ACCS, PO Box 9741, Moscow, ID 83843 or FAX (208) 882-9097.
Questions? Call (208) 882-6101 or email info@accsedu.org.

