



## ACCS: Affiliate Individual Membership Application

Affiliate individual: Individual, couple, or non-homeschool family.

**Incomplete applications will not be considered.**

### I. Directory Information

Name of individual: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(city, state, and zip)

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

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

### II. ACCS

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

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

***The signature of the individual below affirms that the individual understands the conditions of membership in ACCS, 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 and the school's Statement of Faith to:  
ACCS, PO Box 9741, Moscow, ID 83843 or FAX (208) 882-9097.  
Questions? Call (208) 882-6101 or email [info@accsedu.org](mailto:info@accsedu.org).

#### 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 |

