



## ACCS: College Membership Application

This application is for a post-secondary institution seeking to become a member of ACCS.

**Incomplete applications will not be considered.**

### I. Directory Information

Name of institution: \_\_\_\_\_

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

Facility address: \_\_\_\_\_  
(if different from mailing address)

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

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

Administrator name and title: \_\_\_\_\_

Date founded: \_\_\_\_\_

Number of students: \_\_\_\_\_ Number of faculty: \_\_\_\_\_

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

### II. Program Information

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

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

3. Do you conform to the curriculum of the Trivium as set forth in the ACCS Mission Statement?  
Y  N

If you answered no to any of the questions listed above, please explain here.

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#### 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 |

***The signature of the individual below affirms that the signatory is an authorized agent of the college, that the college 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, acknowledges that school information will be included on the ACCS website, and hereby applies for membership.***

\_\_\_\_\_ Date: \_\_\_\_\_  
(signature of authorized agent)

Name of Authorized Agent: \_\_\_\_\_  
(please print)

Email or phone number of Authorized Agent: \_\_\_\_\_

<p>Submit application with dues payment and the colleges' statement of faith to: ACCS, PO Box 9741, Moscow, ID 83843 or FAX (208) 882-9097. Questions? Call (208) 882-6101 or email <a href="mailto:info@accsedu.org">info@accsedu.org</a>.</p>
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**Remember to print a copy of this application for your records before submitting. Your copy of this application is your receipt.**

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## III. Dues Computation Form

**ANNUAL DUES:** Use this form to calculate your annual dues.

<b>MEMBER SCHOOL COMPUTATION FORM</b>	
Add Member School <b>basic fee</b>	\$ <u>300.00</u>
Determine according to these date: (If you join in these months, <b>first year</b> dues are prorated.)	
<i>Sept—Dec</i>	<b>\$300.00</b>
<i>Jan—Apr</i>	<b>\$200.00</b>
<i>May—Aug</i>	<b>\$100.00</b>
<b>Total member dues</b>	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>

### PAYMENT INFORMATION

Please enclose a check or provide credit card information below:

**Check number:** \_\_\_\_\_

**Card type:**  Visa  
 MasterCard  
 Discover  
 American Express

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_  
(mm/yy)

Name on card: \_\_\_\_\_

Organization name: \_\_\_\_\_  
(if applicable)

Mailing address: \_\_\_\_\_  
(as on billing statement)

City/State/ZIP code: \_\_\_\_\_  
(as on billing statement)