



**ASSOCIATION OF CHRISTIAN TEACHERS & SCHOOLS**  
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## *School Membership Application*

Date \_\_\_\_\_

School Name \_\_\_\_\_

School Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Email address \_\_\_\_\_

Web Address \_\_\_\_\_

Church Name \_\_\_\_\_

Number of staff \_\_\_\_\_

**Student Enrollment and Dues**  
*(enter the number of students enrolled per grade)*

Pre-school \_\_\_\_\_; K-5 \_\_\_\_\_; 1<sup>st</sup> \_\_\_\_\_; 2<sup>nd</sup> \_\_\_\_\_; 3<sup>rd</sup> \_\_\_\_\_; 4<sup>th</sup> \_\_\_\_\_; 5<sup>th</sup> \_\_\_\_\_; 6<sup>th</sup> \_\_\_\_\_; 7<sup>th</sup> \_\_\_\_\_; 8<sup>th</sup> \_\_\_\_\_  
 9<sup>th</sup> \_\_\_\_\_; 10<sup>th</sup> \_\_\_\_\_; 11<sup>th</sup> \_\_\_\_\_; 12<sup>th</sup> \_\_\_\_\_ Total Enrollment \_\_\_\_\_; Amount Due \$ \_\_\_\_\_

Accredited  Yes  No By \_\_\_\_\_ Expiration \_\_\_\_\_

Administrator's Name \_\_\_\_\_

Administrator's Signature \_\_\_\_\_

**Office Use Only**

**Date:** \_\_\_\_\_

**Check #:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Membership Dues**

1-25 students .....\$ 150  
 26-749 students .....\$6.00 per student  
 750 students and above.....\$4500

Please mail the completed application along with payment to the  
 ACTS/CCEA Corporate Office.  
 Annual Membership is valid from September 1 through August 31.