

CALVARY CHAPEL EDUCATION ASSOCIATION

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College and University Membership Application

Date _____

Name of Institution _____

Mailing Address _____

City _____ State _____ Zip _____

Phone number _____ Fax number _____

Email address _____

Web Address _____

Church Name _____

Number of Professors _____

Membership Dues

Number of Students	Dues
1 – 100	\$200.00
101 – 250	\$275.00
251 – 500	\$575.00
501 – 750	\$850.00
750 or more	\$1,000.00

Student Enrollment and Dues

(enter the number of students)

Full Time: Undergrad Students _____ Grad Students _____

Part Time: Undergrad Students _____ Grad Students _____

Type of Institution:

___ Bible College _____ Other _____

___ Four-year Liberal Arts College

Accredited Yes No By _____ Expiration _____

President's Name _____

President's Signature _____

Office Use Only

Date: _____

Check #: _____

Amount: _____

Please mail the completed application along with payment to the

CCEA Corporate Office.

Annual Membership is valid from September 1 through August 31.