

APPLICATION FOR MEMBERSHIP

A school applying for aiaa membership must complete this form in its entirety and submit it via e-mail to: info@aiaasc.org. The completed application must be accompanied by an application fee and the first year membership fee. See page two for more information.

| School Information | | | | | |
|--|---|------------------|---------------------------------|--------------------------|--|
| School Name | | | | Date Of Application | |
| School Physical Address | | | | City/postal Code/country | |
| School Mailing Address | (If Different From Physi | cal Address) | dress) City/postal Code/country | | |
| Telephone Number | | Fax Number | | mber | |
| School E-mail Address | | | School Website Address | | |
| Total Number Of Students At Time Of Application: | Grade Levels Offered In School Program: (Check All That Apply) Males Only: Both Males And Females: K 1 2 3 4 5 6 7 8 9 10 11 12 | | | | |
| Name Of School Owner | | Telephone Number | | E-mail Address | |
| Name Of School Director | | Telephone Number | | E-mail Address | |
| Name Of Accountant / Accounts Payable | | Telephone Number | | E-mail Address | |
| Authorization | | | | | |
| Signature Of School Owner / Superintendent Signature Of Principal / Head Of School Signature Of Principal / Head Of School | | | | | |



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The completed application must be accompanied by either a New School Application Fee of \$350, or an Accreditation Transfer Application Fee of \$200. In addition, all applications must be accompanied by the first year membership fee of \$2,500. Please note: Application and membership fees are non-refundable.

| Fees (select one option, a or b) | | | | |
|---|--|--|--|--|
| A. New school application fee: \$ 350 + first year annual accreditation fee: \$ 2,500 = total: \$ 2,850 | | | | |
| B. Accreditation transfer application fee*: \$ 200 + first year annual accreditation fee: \$ 2,500 = total: \$ 2,700 * transferring to aiaa from another accreditation. | | | | |
| List name of current accreditation agency: | | | | |
| Submit application | | | | |
| 1. E-mail completed application to:info@aiaasc.org | | | | |
| 2. All application and membership fees shall be paid to: | | | | |
| Beneficiary bank: City, State: Aba routing number: Swift code: Account number: Account name: Citibank New York, NY 021000089 citius33 4988297788 Account name: American Educational Consulting Associates, Ltd. | | | | |
| Please be sure to include the name of the school in the wire transfer information. | | | | |
| When the application and fees have been submitted, the school will be contacted to arrange an on-site aiaa visit. The cost for that visit will be sent in advance of the visit. | | | | |