

Membership Application

SCHOOL _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WEBSITE _____

OFFICE PHONE _____ FAX _____ E-MAIL _____

ADMINISTRATOR _____

Year school established: _____

Grade Levels: _____

Number of faculty: Full-time: _____

Part-time: _____

Enrollment History (present year and previous two (2) years):

Year: _____

Year: _____

Year: _____

of K-12 Pupils: _____

of K-12 Pupils: _____

of K-12 Pupils: _____

of Pre-K Pupils: _____

of Pre-K Pupils: _____

of Pre-K Pupils: _____

Governing Body (Board/Church/Other):

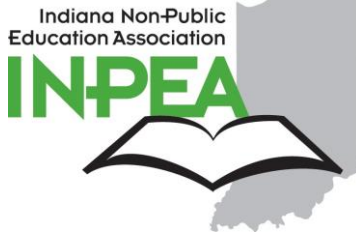
Affiliated with or sponsored by (Church/religious institution/etc.):

Other affiliations/memberships/accreditations:

1400 North Meridian Street • Indianapolis, IN 46202-2367

317-236-7329

E-mail: office@inpea.org • Website: www.inpea.org



Please submit the following:

1. Letter of notification/not-for-profit tax I.D. number and copy of Articles of Incorporation or Constitution and By-laws.
2. Mission Statement and/or Philosophy of Education.
3. Letter from Chair of Governing Body requesting membership.
4. \$20.00 Check for application fee.

I affirm that the school listed above is a not-for-profit, tax exempt, school and it complies with Title IV of the Civil Rights Acts of 1964 (non-discrimination). The Board of Directors or governing authority of the school agrees to the provisions of the Constitution and By-laws of the INDIANA NON-PUBLIC EDUCATION ASSOCIATION.

Signature – School Administrator

Title

Date

OFFICE USE:

Date Received: _____

Application fee received: _____

Board Action: _____

Date: _____

Notification Sent: _____