

Membership Application

SCHOOL				
ADDRESS				
CITY			STATE	ZIP
WEBSITE				
OFFICE PHONE	FAX	E	-MAIL	
Year school established:	_	Grade Levels:		
Number of faculty: Full-time:	Part-time:			
Enrollment History (present yea	r and previous two (2)	years):		
Year:	Year:		Year:	
# of K-12 Pupils:	# of K-12 Pupils:		# of K-12 Pu	pils:
# of Pre-K Pupils:	# of Pre-K Pupils:_	<u></u>	# of Pre-K P	upils:
Governing Body (Board/Church	/Other):			
Affiliated with or sponsored by (Church/religious institu	ition/etc.):		
Other affiliations/memberships/a	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. \$100.00 Check for application fee. Preschools and Pre-K only schools should remit payment of \$50.

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: _____

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