



School Membership Application

Return application to:
FAPSC, P.O. Box 13654, Tallahassee, FL 32317-3654
Phone: (850) 577-3139 | Fax: (850) 577-3133
www.FAPSC.org | mail@FAPSC.org

MEMBERSHIP QUALIFICATION

Any non-public, postsecondary educational institution licensed to operate in the State of Florida is eligible to make application for membership in Florida Association of Postsecondary Schools and Colleges. **Membership is by campus so each campus wishing to join FAPSC must submit a separate membership application.**

CAMPUS INFORMATION

School Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Primary Contact: _____ Title: _____
E-mail: _____
Website: _____

Credentials Offered: Diploma AAS AS AA BA BS DMA MS
(Check all that apply)
Other: _____

Licensure Status: Provisional Annual Licensed by Accreditation

Accreditation: ACCME ABHES ACCET ACCSC ACICS COE DETC
(Check all that apply)
NACCAS SACS TRACS Other: _____

If applicable, please forward a copy of your license and accreditation certificates along with a school catalog. The information supplied on this application is verified with the Commission for Independent Education.

CORPORATE INFORMATION

Corporation Name: _____
Mailing Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Corporate Contact: _____ Title: _____
E-mail: _____

Please list additional schools or branches in Florida under the same corporate ownership:

ADDITIONAL SCHOOL PERSONNEL

Director/Dean or Equivalent

Campus Director: _____ Title: _____

E-mail: _____

Admissions: _____ Title: _____

E-mail: _____

Financial Aid: _____ Title: _____

E-mail: _____

Education: _____ Title: _____

E-mail: _____

Student Services: _____ Title: _____

E-mail: _____

DUES SCHEDULE

Please select the appropriate category. Membership dues are paid annually. **Revenue Range and Dues Amount are to be calculated per Florida campus.**

	Gross Revenue Range	Dues Amount
<input type="checkbox"/>	\$0 to \$149,999	\$315
<input type="checkbox"/>	\$150,000 to \$299,999	\$683
<input type="checkbox"/>	\$300,000 to \$599,999	\$1,155
<input type="checkbox"/>	\$600,000 to \$999,999	\$1,733
<input type="checkbox"/>	\$1,000,000 to \$3,999,999	\$2,310
<input type="checkbox"/>	\$4,000,000 to \$9,999,999	\$2,888
<input type="checkbox"/>	\$10,000,000 to \$24,999,999	\$3,465
<input type="checkbox"/>	\$25,000,000 and Over	\$4,200

PAYMENT INFORMATION

Please Charge My Credit Card: AMEX MasterCard VISA

Note: if paying via credit card please add a 3% processing fee

Check / Money Order Enclosed (make payable to FAPSC)

Name on Card: _____

Billing Address: _____

City, State, Zip: _____

Card #: _____ Code: _____

Exp. Date: _____ Amt. Authorized: \$ _____

Signature: _____

Remittance Address:

FAPSC
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I agree that I shall be dedicated to the promotion of the professional and ethical educational interests of private schools and colleges in the State of Florida. I agree to abide by the ethics and standards of the Association, to allow for any visitation consistent with the need to enforce the standards, and to withdraw from membership if the Association determines that my membership is not consistent with the Association's standards and goals.

Signature

Date

*Due to the Omnibus Reconciliation Act of 1993, which resulted in changes to the federal tax code and to the definition of "lobbying", a percentage of your dues may be non-deductible. As this percentage may vary each year, the current percentage will be reported to you when your initial dues payment is received. * By providing/ confirming your fax number, and e-mail address, you hereby authorize FAPSC to communicate with you via facsimile at the number and/ or e-mail addresses you provided.