



Association of Christian Teachers and Schools

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Office use only

Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Amount: \_\_\_\_\_

# *School Membership Application*

Date \_\_\_\_\_

School name \_\_\_\_\_

Mailing address of school \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email address \_\_\_\_\_

Web Address \_\_\_\_\_

Church name \_\_\_\_\_

Number of staff \_\_\_\_\_

## ***Student Enrollment and Dues***

(enter the number of students enrolled per grade)

Pre-school \_\_\_\_; K-5 \_\_\_\_; 1st \_\_\_\_; 2nd \_\_\_\_; 3rd \_\_\_\_; 4th \_\_\_\_; 5th \_\_\_\_; 6th \_\_\_\_; 7th \_\_\_\_;  
8th \_\_\_\_; 9th \_\_\_\_; 10th \_\_\_\_; 11th \_\_\_\_; 12th \_\_\_\_; Total Enrollment \_\_\_\_; Amount Due: \_\_\_\_\_

Are you an Assemblies of God school? Yes  No

Are you a Pentecostal/Charismatic school? Yes  No

Are you an independent school? Yes  No

Administrator's name \_\_\_\_\_

Administrator's signature \_\_\_\_\_

### **Dues**

1-25 ----- \$100.00

26-749 ----- \$4.00 per student

750 and over --- \$3000.00

Please mail the completed application along with payment to the ACTS Office.

Annual Membership valid from September 1 thru August 31