



# Association of Christian Teachers and Schools

P.O. Box 8437  
Rockford, IL 61126  
Phone: (815)239-6673  
Fax: (815)977-5806  
www.actsschools.org

## 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 ----- \$125.00  
26-749 ----- \$5.00 per student  
750 and over --- \$3750.00

Please mail the completed application along with payment to the ACTS Office: P.O. Box 8437, Rockford, IL 61126

Annual Membership valid from September 1 thru August 31