



**Paul Poore, Executive Director**  
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## **APPLICATION FOR AASSA MEMBERSHIP**

### **Procedure:**

Please print out the application form, complete it and fax it to AASSA at 954-436-4092. The Board of Trustees will review applications for membership at its next scheduled meeting (February, December and September) and you will be contacted following the meeting which takes place after your submission.

### **PART I: SCHOOL INFORMATION**

**NAME OF SCHOOL:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
(country code, area code, number) (country code, area code, number)

**NAME OF SCHOOL HEAD:** \_\_\_\_\_  
First Last

**EMAIL CONTACT:** \_\_\_\_\_

**SCHOOL WEBSITE:** \_\_\_\_\_

### **ENROLLMENT INFORMATION:**

- a. What is your current total student enrollment: \_\_\_\_\_
- b. How many grade levels do you have? \_\_\_\_\_  
Circle as appropriate: Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12
- c. What is approximate student composition by nationality?  
US \_\_\_\_\_%  
Host country \_\_\_\_\_%

Other \_\_\_\_\_%

## **PART II: MEMBERSHIP STANDARDS**

1. Is your school an American or international elementary and/or secondary school?  yes  no
2. Is the primary language of instruction English?  yes  no
3. Are you accredited?  yes  no
  - a. If so, by which organization: \_\_\_\_\_
  - b. Date of accreditation: \_\_\_\_\_  
month/day/year
  - c. Term of accreditation: \_\_\_\_\_  
month/day/year
4. When did the school begin operation: \_\_\_\_\_  
month/day/year
5. Are you governed by a Board sufficiently independent of any other authority to implement the school's stated mission?  yes  no
6. Do you have a school mission?  yes  no
7. Is the school:  Proprietary (for profit)  yes  no  
 Non-profit  yes  no
8. Do you agree to adhere to the principles, purposes and objectives of AASSA if granted membership?  yes  no

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## **PART III: TYPE OF MEMBERSHIP DESIRED**

Full Membership

Invitational Membership

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## **PART IV: APPLICATION PROCESS**

If you have any questions regarding membership or this application, do not hesitate to contact me at the AASSA office.

**Please submit as part of your application a copy of your school's mission and philosophy statement. If you would like to provide any other promotional materials, please feel free to do so.**

I will notify you immediately that I have received your application.

All membership applications are reviewed and approved by the Board of Trustees which meets in September, December and February. You will be notified of the Board's decision by me following their next scheduled meeting date. If your membership is approved, you will be invoiced for the annual membership fee which covers the period from July 1<sup>st</sup> through June 30<sup>th</sup>.

Thank you for your interest in and application for membership to AASSA.

Paul Poore, Executive Director