



## Application for Membership

In addition to the application below, please send the following:

- Application fee of \$100
- A resolution from the school's governing body, signed by the chair and chief administrative officer, stating that the school desires active membership in NCAIS
- A copy of the membership certificate from an approved accrediting agency or a letter applying for accreditation from an approved agency
- A copy of the Board resolution, which states the school does not discriminate in its admission policies, scholarship and loan programs, educational policies, athletic and other school-administered programs
- A copy of the bylaws
- A copy of the nonprofit 501(c)(3) form.

Submit membership application, required documentation, and application fee to:

NCAIS  
PO Box 4601  
Greensboro, NC 27404

---

### Organization:

Official Name of School: \_\_\_\_\_

Address (Street, City, State, Zip Code):

\_\_\_\_\_

Mailing Address (if different):

\_\_\_\_\_

Telephone: \_\_\_\_\_ Website: \_\_\_\_\_

Date Founded: \_\_\_\_\_ Religious Affiliation (if any): \_\_\_\_\_

Head of School: \_\_\_\_\_ Title: \_\_\_\_\_

Head's Email: \_\_\_\_\_

Business Manager: \_\_\_\_\_ Email: \_\_\_\_\_

Board Chair: \_\_\_\_\_ Email: \_\_\_\_\_

Is the school a nonprofit organization?  Federal Tax ID Number: \_\_\_\_\_

Is there more than one campus?  If so, please explain: \_\_\_\_\_

---

**Students:**

Enrollment: \_\_\_\_\_ Grades Included: \_\_\_\_\_

Day: Boys \_\_\_\_\_ Boarding: Boys \_\_\_\_\_

Girls \_\_\_\_\_ Girls \_\_\_\_\_

Total \_\_\_\_\_ Total \_\_\_\_\_

Number of Teachers Full Time \_\_\_\_\_ Part-time \_\_\_\_\_

Does the school maintain a non-discriminatory admissions policy? \_\_\_\_\_

Are you a participating North Carolina Independent School Athletic Association member? \_\_\_\_\_

**Affiliations**

NAIS \_\_\_\_\_ NBOA \_\_\_\_\_ SAIS \_\_\_\_\_ MISBO \_\_\_\_\_

Other Association Memberships: \_\_\_\_\_

Class of membership for which your school is applying:

Active \_\_\_\_\_ Provisional \_\_\_\_\_ Affiliate \_\_\_\_\_

**Accreditation:**

Currently Accredited \_\_\_\_\_ Seeking Accreditation \_\_\_\_\_ Visit Scheduled \_\_\_\_\_

SAIS: \_\_\_\_\_ Cognia \_\_\_\_\_ ACSI \_\_\_\_\_ AMS \_\_\_\_\_

Other: \_\_\_\_\_

Date of initial accreditation: \_\_\_\_\_ Date of last renewal: \_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

(Head of School)