



Affiliate Membership Application

Name		Title
Organization		
Organization webpage url		
Address		
City	State	Zip Code
Phone	Fax	Email

<p style="text-align: center;"><input type="radio"/> ORGANIZATIONAL AFFILIATE</p> <p>An organization with a defined interest in education and quality assurance, but does not meet the criteria for full ASPA member eligibility as a programmatic accreditor may apply for organizational affiliate membership.</p> <p><i>Examples: Professional associations, continuing education provider organizations, regional accreditors, national institutional accreditors, vendors.</i></p> <p>An organization that is eligible for full ASPA membership will not be accepted as an organizational affiliate.</p> <p>Application procedure</p> <ul style="list-style-type: none"> • Complete top portion of this form with information for primary contact/representative from organization • Provide a description of the organization's mission, structure and scope of activity, by either: <ul style="list-style-type: none"> a) attaching file with description, or b) providing url's to where the information can be found on the organization's website • Provide a brief explanation of why the organization does not meet ASPA full membership criteria (attach file) • Sign and date attestation: <p>I (print name) _____</p> <p>represent the organization identified above and attest that it does not meet the criteria for full ASPA membership eligibility as a programmatic accreditor.</p> <p>I also understand that ASPA is under no obligation to accept any organization as an affiliate member.</p> <p>Signature _____</p> <p>Date _____</p>	<p style="text-align: center;"><input type="radio"/> INDIVIDUAL AFFILIATE</p> <p>An individual interested in the mission and purposes of ASPA may apply for individual affiliate membership.</p> <p><i>Examples: Persons serving as accreditation directors within institutions, faculty, staff of professional associations, peer reviewers, education consultants, curriculum designers, deans, program directors.</i></p> <p>An individual who works for an organization that is eligible for full ASPA membership will not be accepted as an affiliate.</p> <p>Application procedure</p> <ul style="list-style-type: none"> • Complete top portion of this form with contact and employment information • Sign and date attestation: <p>I (print name) _____</p> <p>attest that I do not work for an organization that is eligible for full ASPA membership as a programmatic accreditor.</p> <p>I also understand that ASPA is under no obligation to accept any individual as an affiliate member.</p> <p>Signature _____</p> <p>Date _____</p>
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Submission — send this form with any attachments by regular mail to:

ASPA c/o Joseph Vibert
3304 N. Broadway St., #214
Chicago, IL 60657

Or email: aspa@aspa-usa.org