

MID-ATLANTIC CHRISTIAN SCHOOLS ASSOCIATION

TO: All Eligible Candidates for MACSA Membership
 FROM: Mrs. Barbara C. Williams, President
 SUBJECT: Membership Form 2010-2011

Please complete the following form and return to the MACSA address given below. Be sure to include entire school name and address. **Your school must agree with MACSA's statement of faith.**

 _____ Check here if this is the first year of membership in MACSA

_____ Check here if your school agrees with the MACSA statement of faith.

Name of School _____ Phone (____) _____

Address _____ Fax (____) _____

City _____ State _____ ZIP _____

Chief School Officer _____ Title _____
 (Mr., Dr., Miss, Mrs.)

High School Principal _____ Elementary Principal _____

Board President _____ Home Phone (____) _____

Sponsoring Organization _____
 (Church, Organization, Parents, Board, etc.)

Estimated Enrollment for September _____ Years in existence _____

No. Full-time Teachers _____ No. Part-time Teachers _____ No. of Board Members _____

E-Mail Address _____ Website _____

List Organizational Structure of Grades: (PreK-6; K-9; K-12; etc.) _____ A.C.E. ___ Traditional ___

Do You Belong To Another Organization? ACSI _____ Others _____

_____ We have more than one campus. Please include the following on the MACSA mailing list.
 Please use other side if needed.

FEE SCHEDULE (YEARLY)	<u>BEFORE SEPTEMBER 30</u>	<u>AFTER SEPTEMBER 30</u>
50 students or less/home school group	\$ 75.00	\$ 125.00
51 to 100 students	150.00	200.00
101 to 200 students	225.00	275.00
201 to 400 students	300.00	350.00
over 400 students	375.00	425.00
Individuals	25.00	25.00

Please make check payable to: **“Mid-Atlantic Christian Schools Association” or “MACSA”**

Return form and check to: Mrs. Marie Young, Secretary
 P. O. Box 2007, Aston, PA 19014-0007
 Phone 610-364-1801 Fax 610-364-1809