



Application for Membership

Name of Organization

Address

City

State

Postal Code

Country

CEO/Executive Director (Title, First and Last Name)

Office Phone

Home Phone

Email (s)

Payment: Check enclosed Paying/Paid by credit card online

Please check (✓) all items that apply

Request Provisional Membership as an education organization

Request Provisional Membership as a certification board

Organization is incorporated as a nonprofit entity

Organization is incorporated as a for profit entity

Organization is a Limited Liability Corporation (LLC)

Organization is none of the above (Please briefly explain)

Organization enforces a Non-discrimination Policy

Request Associate Membership

Mail to: American Accreditation Commission 1530 P.B. Lane, #G-195 Wichita Falls, TX 76302-2612

Email to: admin@agr8.org