



## **Educational Institute Membership Application Form**

### **General Information:**

Educational Institute Name: \_\_\_\_\_

Owner: Mr. Mrs. Miss. Ms. \_\_\_\_\_

Facebook Account Name: \_\_\_\_\_

This is so you can be invited to AACET's Facebook page and stay up to date on news, events, etc.

**Please check the boxes beside the information you would like to appear on the AACET web page.**

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Telephone: \_\_\_\_\_  Business Email: \_\_\_\_\_

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

Owner Address (if different): \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_  Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Voting Nominee: \_\_\_\_\_

### **Education Institute Information:**

Please write a short summary about your educational institute including the courses that you offer, course length and outlines, course format, and any other pertinent information. If you require more space please write on the back of this page or attach another sheet.

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**Please Sign and Date:**

I hereby apply for membership with AACET. As a member I understand that I must fulfill the association's criteria in order to maintain my membership. I am committed to and agree to the principles and guidelines of AACET. I have read the Code of Conduct and Disciplinary Procedures. The information I have given is complete and correct and I understand that this information may be verified by AACET.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Office use only:**

Membership Approved: Yes

No

Referred to:

Date:

Initials: