

ALABAMA INDEPENDENT SCHOOL ASSOCIATION
Membership Application
Effective 2020

School/Organization _____

Physical Address _____

City _____ State _____

School Mailing Address (If different) _____

City _____ State _____

Phone # _____ FAX# _____

School's Web Address _____

Head Administrator's Name _____

Job Title _____ Email Address _____

Grade Levels Served _____ Total Enrollment (K5-12) _____

Board Chairperson _____

Board Chair Phone # _____

Membership Category (Please check one) Affiliate Member _____ Member _____

If you are interested in any additional AISA services listed below, please check all that apply:

_____ AISA/SACS Accreditation

_____ Athletics

Please sign: _____

Administrator Signature

Board Chairperson Signature

Please complete this application and return it to the AISA office along with the \$150.00 application fee. Once your application has been processed, our office will contact you for more information specific to your membership request and to arrange a prospective member visit. Following the visit, the AISA Executive Director will make a membership recommendation to the AISA State Board, and the AISA State Board will make the final decision on all memberships.

AISA
1763 Taliaferro Trail
Montgomery, AL 36117

For AISA Office Use Only

Received Date: _____ Application Fee: _____ Member _____ Affiliate Member _____