



ACTS

Membership Renewal Form

Please Type or Print Clearly

Name of Christian School or Institution: _____

Mailing Address: _____

City: _____ State: _____ Postal Code: _____

E-Mail Address: _____

RENEWAL FEE:

Member: \$50 Plus \$1 Per Student Enrolled: \$_____.00 (Maximum \$250) Home School Family: \$35 Individual: \$35

Check Enclosed VISA MC Discover American Express

Name on Card _____

Please update any changes of the following information.

MEMBERSHIP: Annual Membership Fee \$50 + \$1 Per Student Enrolled (Maximum \$250); Home School: \$35 Per Family; Individual: \$35

A. This Application is for a Christian: (check all that apply)

Day Care Institution Preschool Church School Home School Bible School College Other:

B. Name of Christian School or Institution: _____ **Telephone:** (____) _____

C. Mailing Address: _____

D. Name of Church: _____ **Name of Pastor** _____

Address of Church: _____ **City** _____

State or Province _____ **Postal Code** _____

E. Contact Person/Administrator: _____

Business Phone: (____) _____ **Home Phone:** (____) _____

F. Curriculum Used: A Beka Books ACE School of Tomorrow Alpha & Omega Bob Jones Rod & Staff _____

G. Faculty/Student Information for Most Recent School Year (indicate number):

Faculty: Full-time _____ Part-time _____ Total Faculty _____

Enrollment: Preschool _____ Grades K-8 _____ Grades 9-12 _____ Postsecondary _____ **Total Number of Students** _____

Mail this application and remittance to your state ACTS representative or the national office in Weldon Spring, Missouri.

ACTS Office of Education and Endorsement, 36 Research Court Park, Weldon Spring, MO 63304

❖ Charles Barcus, Executive Director ❖