

MID-ATLANTIC CHRISTIAN SCHOOLS ASSOCIATION
 Membership Form 2016-2017



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.

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- Check here if this is the first year of membership in MACSA
- Check here if your school agrees with the MACSA statement of faith (see www.macsasonline.org)
- Check here if your school would like to contribute to our Scholarship Fund for teachers.
 Please add amount to your check. Thank you.

Name of School _____ Phone (____) _____

Address _____ Fax (____) _____

City _____ State _____ ZIP _____

Head of School _____ Title _____ Email _____

Other Administrator _____ Title _____ Email _____
 (Please include any additional administrators' information on the back side of this form)

Sponsoring Organization _____
 (Church, Organization, Parent Association, Board, etc.)

Estimated Enrollment for Sept. _____ Years in Existence _____ Website _____

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

Board President _____ Home Phone (____) _____ Email _____

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

Do You Belong to Another Organization? ACSI _____ Others _____

Please include the Names and Emails for the people responsible for the following areas:

Music: _____ (Email) _____

Art: _____ (Email) _____

Technology: _____ (Email) _____

Fee Schedule (Yearly)	Before September 30	After September 30
Up to 50 students or home school group	\$100.00	\$150.00
51 to 100 students	175.00	225.00
101 to 200 students	250.00	300.00
201 to 400 students	325.00	375.00
over 400 students	400.00	450.00
Individuals	25.00	25.00
Optional scholarship contribution		

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

Return form and check to: Mrs. Marie Young, Secretary, MACSA, P. O. Box 2007, Aston, PA 19014-0007

Phone 610-364-1801, Fax 610-364-1809