

MID-ATLANTIC CHRISTIAN SCHOOLS ASSOCIATION

Membership Form 2019-2020



- ✓ Please complete the following form and return to **MACSA, POB 29712, Elkins Park, PA 19027**. Make checks payable to **MACSA**.
- ✓ Be sure to include entire school name and address.
- ✓ **Your school must agree with MACSA's statement of faith:** macsaonline.org
- ✓ **Questions?** Contact Joanna Smith at **267-323-0222** or jsmith@macsaonline.org

_____ 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.macsaonline.org)
 _____ We would like to contribute \$ _____ MACSA's 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 _____ 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 _____

MACSA offers **Track** and **Bible Quizzing** events, please include the Names and Emails for those people:

Athletic Director _____ (Email) _____

Bible Quizzing: _____ (Email) _____

FEE SCHEDULE (YEARLY) BY SEPTEMBER 30 AFTER SEPTEMBER 30

Home School Group (25 students or less)	\$150	\$185
50 students or less	175	200
51 to 100 students	250	300
101 to 200 students	325	375
201 to 400 students	450	500
Over 400 students	500	550
Individual	50	

TOTAL MEMBERSHIP FEE \$ _____
 Contribution to MACSA Scholarship Fund \$ _____
TOTAL \$ _____

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