

FEDERATION OF I NDEPENDENT S CHOO L A SSOCIATIONS



150 Robson Street
Vancouver, BC
V6B 2A7

F r e e d o m I n v o l v e s S e c u r e A l t e r n a t i v e s

APPLICATION FOR MEMBERSHIP

This application for membership in the AMG is made on behalf of (*Name of Authority*)

("Authority" is the term in the Independent School Act to indicate the legal name of the group operating the school, usually the name of an incorporated society or company.)

(Address of Authority only if different from the school address)

The Authority operates the following school(s) at the address(es) shown.

1. Name of School _____ Phone _____ enrollment _____
Address _____ postal code _____

2. Name of School _____ Phone _____ enrollment _____
Address _____ postal code _____

3. List any additional schools on the back. If schools are operated under one school name but at distinctly different addresses, list each campus as a school.

The Authority applies for membership in the AMG class of the FISA. The Authority acknowledges receipt of a copy of the Constitution and Bylaws of the FISA with this application form and furthermore the Authority agrees to abide by the Constitution and Bylaws, and hereby declares that the membership criteria stipulated therein are met.

The Authority acknowledges that membership dues will be paid to the FISA, upon receipt by the Authority, of a letter from the FISA indicating acceptance of membership by the FISA Board. Membership is not effective until the fees have been received by the FISA.

The Authority hereby authorizes the release of information to the Executive Director of the FISA or his or her appointee acting on behalf of the AMG, by the Office of the Inspector of Independent Schools and/or the Private Post-Secondary Education Commission about any aspect of the school and its Authority he or she may choose to enquire after with respect to this membership application.

Signed on behalf of the above named applicant.

NAME (print) _____ Position in Authority _____

Home Address _____ Home phone _____

Signature _____ Date _____