

# INSTITUTIONAL MEMBERSHIP APPLICATION

Institutional membership in the North American Coalition for Christian Admissions Professionals is open to institutions whose missions are compatible with that expressed in the Constitution of the Association. NACCAP institutional membership is contingent upon the approval of the organization's Executive Committee.

Secondary School     College/University     Graduate School/Seminary

Name of Institution \_\_\_\_\_ Year Founded \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Web Address \_\_\_\_\_ Email \_\_\_\_\_

Chief Enrollment Officer / Guidance Counselor \_\_\_\_\_

Ownership and Control (briefly describe) \_\_\_\_\_

Present FTE Enrollment \_\_\_\_\_ Full-Time Faculty \_\_\_\_\_

Accreditation \_\_\_\_\_

## INSTITUTIONAL MISSION

Yes     No    I have read NACCAP Requirements for membership, Doctrinal Statement, and Principles of Good Practice.

Yes     No    The doctrinal position and ethical standards of NACCAP concur with those represented at your institution.

Yes     No    My institution is committed to the integration of faith and learning.

Yes     No    My institution is committed to only hiring full-time faculty who clearly profess the Christian faith.

*(Please feel free to attach an additional sheet further explaining your response to any of the above questions.)*

## AFFIRMATION

Having read the NACCAP Requirements for Membership, Doctrinal statement, and Principles of Good Practice, I affirm that the policies, programs, and personnel of the college I represent are in full harmony with the standards and objectives of NACCAP, to the best of my knowledge. This application represents our desire for membership in the North American Coalition for Christian Admissions Professionals as an Institutional Member. We further agree to pay all applicable dues upon approval to NACCAP.

\_\_\_\_\_  
Chief Admissions Officer / Head Counselor

\_\_\_\_\_  
Date

\_\_\_\_\_  
President (or designate) / Principal

\_\_\_\_\_  
Date

*Please return  
this completed  
application to:*

**NACCAP**

**Membership Services**

**P.O. Box 5211**

**Huntington, IN 46750**

**(P) 260-356-5211**

**(F) 260-359-0101**

**(E) office@naccap.org**

**NACCAP**

North American Coalition for  
Christian Admissions Professionals

*Advancing Enrollment in  
Christian Higher Education*