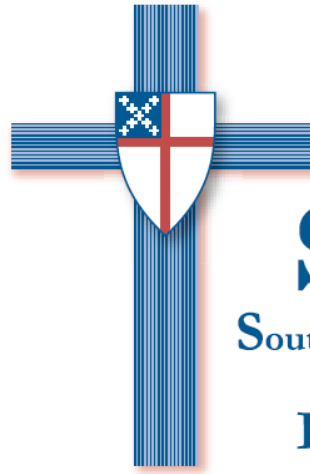


Application for Membership



SAES
Southwestern Association
of
Episcopal Schools

This application expresses a school's interest in becoming a member of the Southwestern Association of Episcopal Schools. This application should be completed and returned to the SAES office with the appropriate fee.

_____ Date of Application

Name of School _____

Address _____
Street

City _____ State _____ Zip _____

Tel/Fax/Web _____
Telephone Fax Website

Head of School _____

Date of Appointment _____ HOS Title: _____ HOS Phone Ext: _____

Title _____ Email address _____

The school is located in which Diocese? _____ The school began operations in (month, year) _____

Total Enrollment _____

Grades (circle): Infants – 35 mo. (specify age _____) PK3's PK4's K

1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Person responsible for governance along with Head of School (chairman of the board, rector, etc.):

Name: _____

Mailing address: _____
