

# APPLICATION FOR ASSOCIATION MEMBERSHIP

## EVANGELICAL TRAINING ASSOCIATION

1551 Regency Court - Calumet City, IL

www.eta-world.org

<b>GENERAL INFORMATION</b>
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Corporate Name of School: \_\_\_\_\_

P.O. Box Number: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Founding Date of Organization: \_\_\_\_\_ Date Classes Began: \_\_\_\_\_

*In order for your application to be considered in this division, the school must have been in operation for at least one year.*

Denominational Relationship: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

<b>ACADEMIC INFORMATION</b>
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Academic Level(s) of Course Work: Adult Education  College  Graduate

**Administration and Faculty**

Position	Name	Highest Degree Earned/ School Attended
President		
Academic Dean		
Registrar		
Chairperson of Christian Education Department		
Person who should receive ETA correspondence		
# of Full-time Faculty: _____	# of Part-time faculty: _____	
<b>Names of Faculty already individually approved to teach ETA courses</b>		

**PLEASE FILL OUT REVERSE SIDE**

## ENROLLMENT

School Year: From (date) \_\_\_\_\_ to (date) \_\_\_\_\_

Number of semesters/terms/quarters annually: Weeks per semester/term/quarter: \_\_\_\_\_

Classes are held each week: Days only  Evenings only  Days and Evenings

Department	In Operation?	ETA Courses Offered?	Current Enrollment
Day School			
Evening School			
Extension/ Distance Ed.			
Correspondence			

### LIBRARY

Number of volumes: \_\_\_\_\_ Cat. System used: \_\_\_\_\_

Microfiche Units: \_\_\_\_\_

## SCHOOL REFERENCES *Two of these three references should be current members of ETA*

Name of School	Address	Contact Person
1)		
2)		
3)		

Please indicate the division of ETA membership for which you will be participating:

Undergraduate Education       Graduate/Seminary Education

If you are an institution with both undergraduate and graduate divisions, please indicate how you wish your school to be listed:

In one division? \_\_\_\_\_ Which one? \_\_\_\_\_ In both divisions?\* \_\_\_\_\_

*\*If your school is a member of both divisions, the annual membership fee is \$400*

***We hereby apply for membership in the Evangelical Training Association, and affirm that we are in agreement with the Association's doctrinal statement (ETA Bylaws, Article IV), and agree to abide by the Bylaws of the Association.***

**Date:** \_\_\_\_\_ **Authorized Signature:** \_\_\_\_\_

**Position:** \_\_\_\_\_

Please send a published statement of the school's purpose and educational program (catalog), along with a \$300 non-refundable application fee.