



INSTITUTIONAL MEMBERSHIP APPLICATION (Dues year: July 1 –June 30)

It is the policy of the Board of Directors that new institutional members be accredited, or are in the application process for accreditation, by a national or regional accreditation agency.

Please indicate which agency(s) accredits your institution.

National Accrediting Agencies

- Accrediting Bureau of Health Education Schools (ABHES)
- Accrediting Council for Independent Colleges & Schools (ACICS)
- Accrediting Council for Continuing Education & Training (ACCET)
- Accrediting Commission of Career Schools & Colleges of Technology (ACCSCT)
- Council on Occupational Education (COE)
- Distance Education and Training Council (DETC)
- National Accrediting Commission of Cosmetology Arts & Science (NACCAS)

Regional Accrediting Agencies

- Middle States Association of Colleges and Schools (MSACS)
- New England Association of Schools and Colleges (NEASC)
- North Central Association of Colleges and Schools (NCACS)
- Northwest Association of Schools and Colleges (NASC)
- Southern Association of Colleges and Schools (SACS)
- Western Association of Schools and Colleges (WASC)

Other _____

CCA Member dues are based on the total gross tuition revenue of all campuses as reported to the U.S. Department of Education. Please calculate your institution's dues by using the Dues Calculation Table inside. If you have any questions about completing the application forms, please contact the CCA Membership Department, at (202) 336-6834 or the Accounting Department, at (202) 336-6740.

IMPORTANT: CCA bylaws require that all institutions under common ownership control must become members if one of the institutions joins.

Please complete the following for your primary business office.

(Mr. Ms. Mrs. Miss) _____ First Name _____ Last Name _____

Title _____ Nickname _____

Institution _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

Primary Contact _____

(this individual will receive all CCA mailings)

Designated Delegate _____

(authorized person to vote for the institution during official CCA activities)

I hereby certify that all schools under my common ownership have been included in these membership forms and that the above information is true and correct to the best of my knowledge.

Authorized Signature _____

If your combined gross tuition revenue is more than \$3,000,000, complete section I, page 2.

If your combined gross tuition revenue is less than \$3,000,000, complete section II, page 2.

(Do not complete both.)

CCA Dues Calculation Table

I. If your combined gross tuition is less than \$3,000,000, use this chart.

Combined Gross Tuition – all schools	Dues Amount
Up to \$499,999	\$1,020
\$500,000 - \$799,999	\$1,530
\$800,000 - \$1,199,999	\$2,040
\$1,200,000 - \$1,799,999	\$2,550
\$1,800,000 - \$2,999,999	\$3,060

Line 1 Enter your Combined Gross Tuition Revenue \$ _____
(Required for dues calculation. Information will be kept confidential)

Line 2 Find your Combined Gross Tuition number in the left column.
Enter Dues Amount (from right hand column listed above) \$ _____
 This is your **CCA Membership Dues Amount**

Line 3 To complete your CCA Membership Dues Calculation, continue to the next page and select your Payment Option.

II. If your combined gross tuition is more than \$3,000,000, use this chart.

Combined Gross Tuition – all schools	Dues Amount
\$3,000,000 - \$4,999,999	\$3,570
\$5,000,000 - \$7,999,999	\$4,080
\$8,000,000 - \$11,999,999	\$4,590
\$12,000,000 - \$24,999,999	\$5,100
\$25,000,000 - \$49,999,999	\$10,200
\$50,000,000 - \$124,999,999	\$25,500
\$125,000,000 - \$150,000,000	\$35,700
More than \$150,000,000	\$51,000
Maximum Dues	\$127,500
<i>Additional Charge per school with total tuition in excess of \$3,000,000.</i>	\$1,020

Line 1 Enter your Combined Gross Tuition Revenue \$ _____
(Required for dues calculation. Information will be kept confidential)

Line 2 Find your Combined Gross Tuition number in the left column.
Enter Dues Amount (from right hand column listed above) \$ _____

Line 3 Enter the total number of campuses in your school system.
 _____ - 1 = _____ x \$1,020 = \$ _____
 # of campuses adjusted # of campuses

Line 4 Add Lines 2 and 3 together to determine your dues for the year.
 If the total is greater than \$127,500, enter \$127,500.
 This is your **CCA Membership Dues Amount** \$ _____

Line 5 To complete your CCA Membership Dues Calculation, continue to the next page and select your Payment Option.

Payment Options Form

Please check one: Full payment Installment

CCA members may pay in full or make two, four, or twelve separate payments. Make your check payable to CCA and mail the forms to:

CCA
P.O. Box 75068
Baltimore, MD 21275-5068

If you are using a credit card, complete all forms and fax to (202) 336-6828. For more information, please contact CCA at (202) 336-6700.

Line A Write your total Dues Amount here \$ _____
(Use your total dues amount from **Section I, line 2, or Section II line 4** on the previous page.)

Line B Choose your installment option and calculate service charge:

1. **Semi-Annually:** multiply line (A) by 1.03 (3% service charge) \$ _____

2. **Quarterly:** multiply line (A) by 1.04 (4% service charge) \$ _____

3. **Monthly:** multiply line (A) by 1.05 (5% service charge) \$ _____

Line C Determine your payment

1. If you choose **semi-annually**, divide line (B)(1) by 2 \$ _____

2. If you choose **quarterly**, divide line (B)(2) by 4 \$ _____

3. If you choose **monthly**, divide line (B)(3) by 12 \$ _____

Payment:

Line D Enter the amount from line (A), (C1), (C2), or (C3) \$ _____

Line E Voluntary Career Training Foundation (CTF) Contribution \$ _____
(Suggested amount is \$125 per school)

Line F Add amounts from line (D) and line (E)
GRAND TOTAL \$ _____

Payment Type: Check Credit Card

Select Credit Card: Amex Visa MasterCard

Exp. Date ____/____/____ **Charge Amount \$** _____

Account # _____ **Authorized Signature** _____

NOTICE
• Every teaching facility that is classified as a "main campus", a "branch", or "additional location" for purposes of the program participation agreement with the Department of Education or by the accrediting agency shall be considered a school location for purposes of dues.

School Information Form

To be completed for every campus
(Please make additional copies if necessary)

Primary Contact

(This individual will receive all CCA mailings)

(Mr. Ms. Mrs. Miss) _____ First Name _____ Last Name _____

Title _____ Nickname _____

Institution _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

Designated Delegate _____

(authorized person to vote for the institution)

Primary Contact

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Address _____

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NOTICE:

- Dues paid to the Career College Association are not tax deductible as charitable contributions for income tax purposes. However, they may be deductible as ordinary and necessary business expenses subject to restrictions imposed by Sec. 162(e) of the tax code as a result of association lobbying activities. The deductible portion of your 2002/2003 dues allocable to lobbying is estimated to be 20%.