



CAIS MEMBERSHIP APPLICATION FORM

SCHOOL INFORMATION

Name of School: _____

Corporate Name: _____
(if different from Name of School)

Founding Date: _____ Date of Incorporation: _____

Mailing Address: _____

Street Address: _____
(if different from Mailing Address)

Telephone: _____ E-mail: _____

Fax: _____ Web Site: _____

HEAD OF SCHOOL INFORMATION

Mr. Mrs. Ms. Miss Rev. Dr. Mlle Mme M Sr Fr

Head's Name: _____

Head's Title: _____ E-mail: _____

DECLARATION TO APPLY FOR CAIS MEMBERSHIP

We believe that our school meets the requirements outlined in the CAIS Membership Criteria and we wish to apply for membership in the Canadian Association of Independent Schools for:

Name of School

Signed: _____
Head of School _____
Date

Signed: _____
Board Chair _____
Date

**PLEASE FORWARD THIS APPLICATION WITH A CHEQUE PAYMENT OF \$250.00 TO:
Canadian Association of Independent Schools 202-12 Bannockburn Ave., Toronto, ON M5M 2M8**