

APPLICATION FOR ASSOCIATION MEMBERSHIP ADULT EDUCATION DIVISION

EVANGELICAL TRAINING ASSOCIATION

PO Box 327 Wheaton, IL 60187

EdMin@ETAworld.org • Website: www.eta-world.org

GENERAL INFORMATION

Corporate Name of School: _____

P.O. Box Number: _____ Street Address: _____

Phone: _____ City: _____ State: _____ Zip: _____

Country: _____ FAX: _____

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: _____

ACADEMIC INFORMATION

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		
Number of Full-time Faculty: _____	Number of Part-time faculty: _____	
Names of Faculty individually approved to teach ETA courses		

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: _____ Cataloging 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)		

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: _____

A published statement of the school's purpose and educational program (catalog) should be submitted, along with a \$150 non-refundable application fee and completed *Faculty/Administration Information form* to:

Evangelical Training Association
 ATT: Director of Educational Ministries
 PO Box 327
 Wheaton, IL 60187