



Membership Application 2024-2025 School Year

This is a: **Renewal**
 (Check One) **New Application**

NOTE: All information collected on this application is confidential and will not be published or shared without your express permission. Membership is yearly from September 1st to August 30th.

Tell Us About The School:

Part A: Contact Information

School Name: _____

Web Site URL: _____

Physical Address: _____

City: _____ Zip: _____ County: _____

Mailing Address: (if different) _____

City: _____ State: _____ Zip: _____ County: _____

Office E-Mail: _____ Email Contact Person: _____

Office Phone: _____ Office Fax: _____

Other/Note: _____

Part B: Incorporation and Campus Type:

| | |
|---|---|
| <p>Incorporation Type:</p> <p><input type="checkbox"/> 607 Florida Corporation (For Profit)</p> <p><input type="checkbox"/> 608 Limited Liability Corporation (LLC)</p> <p><input type="checkbox"/> 617 Florida Not For Profit Corporation</p> <p><input type="checkbox"/> 623 County Private School</p> <p><input type="checkbox"/> Incorporation is Under a Church</p> | <p>Programs You Operate: (Check All That Apply) (Do not include outside programs such as FLVS)</p> <p><input type="checkbox"/> Individual Classes (By Grade / Age Group)</p> <p><input type="checkbox"/> Community School (Part-time Classes)</p> <p><input type="checkbox"/> On-Line (Virtual Classroom)</p> <p><input type="checkbox"/> Home Based (Parent As Primary Teacher)</p> <p><input type="checkbox"/> Other: _____</p> |
|---|---|

Part C: Administrative Contact Information:

| | |
|---|---------------|
| Administrator: _____ | |
| Cell Phone: _____ | E-Mail: _____ |
| Additional Contact (Name/Position): _____ | |
| Cell Phone: _____ | E-Mail: _____ |

Part D: Annual Membership Dues: Member Dues are based on the expected enrollment that your school will have for the Florida Annual Database Survey which was due in October. If your actual enrollment exceeds the estimate given when that count is completed, the additional dues are due November 15th, 2024.

| | |
|--|-------------------------|
| Estimated Number of Students: _____ | |
| Annual Membership Dues: | |
| ➤ 1 - 49 | Students ----- \$145.00 |
| ➤ 50 - 149 | Students ----- \$295.00 |
| ➤ 150 - 250 | Students ----- \$475.00 |
| ➤ 250+ | Students ----- \$630.00 |

Part E: Web Site Publication:

Accredited Schools are listed on the fccpsa.org website. The information posted includes a link to the school’s web site, physical and mailing addresses, phone and fax numbers. Because many schools have more than one contact person, please provide the email address you prefer to have listed.

Total Amount Enclosed: \$ _____ (Make check payable to FCCPSA.)

Signed: _____ Date: _____

Please return this signed form with your payment to:

FCCPSA
P.O. Box 5100
Deltona, FL 32728-5100

If you have any questions,
please call or email the office:
Joe Gibilisco, President
(386) 218-5310
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