

 School Membership

 Application

|  |
| --- |
| Name of School Date  |
| Street Address  |
| City State Zip Code  |
| Mailing Address (if different) |
| City State Zip Code |
| Phone email address  |
| Head of School  |
| URL |

|  |
| --- |
| School Fee $ 250 |

Our school agrees with the CMF Code of Ethics

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date

Describe the Christian spiritual components your school currently employs:

Thank you for your application! You will receive a follow up email!