



2019-2020

Membership Form

**SCHOOL NAME & INVOICE NUMBER**

School Name:
City/State:
Invoice #:
Date:

The 2019-2020 NAES membership year runs from July 1, 2019 to June 30, 2020. Please return this form along with payment to the NAES office no later than **September 30, 2019**.

**INSTRUCTIONS**

1. Calculate your **2018-2019 Net Tuition Revenue**. Do not include any fees, financial aid, merit award or tuition remission money, or room/board fees. *Memberships cannot be processed without this information. If you are unable to provide this data, please contact the NAES office.*
2. Use this chart to find your **2019-2020 Dues Category** and **2019-2020 Dues Amount** and complete the **2019-2020 Dues Payment** section (top right).

2018-2019 Net Tuition Revenue	2019-2020 Dues Category	2019-2020 Dues
\$0-\$250,000	A	\$183
\$250,001-\$350,000	B	\$732
\$350,001-\$500,000	C	\$1,101
\$500,001-\$650,000	D	\$1,462
\$650,001-\$800,000	E	\$1,823
\$800,001-\$1,000,000	F	\$2,287
\$1,000,001-\$2,000,000	G	\$2,740
\$2,000,001-\$3,000,000	H	\$3,649
\$3,000,001-\$4,000,000	I	\$4,580
\$4,000,001-\$5,000,000	J	\$5,488
\$5,000,001-\$7,000,000	K	\$6,421
\$7,000,001-\$10,000,000	L	\$6,530
\$10,000,001-\$20,000,000	M	\$6,639
\$20,000,001+	N	\$6,749

3. Complete the School Demographics section (middle right).
4. Sign the required Non-discrimination Certification (lower right).
5. Return this form with your check in U.S. funds, drawn on a U.S. bank, and made payable to the National Association of Episcopal Schools. *Due to high processing fees, we regret that NAES does not accept credit card payments for membership dues.*

**2019-2020 DUES PAYMENT**

2018-2019 Net Tuition Revenue (REQUIRED):	\$
2019-2020 Dues Category (REQUIRED • CIRCLE ONE):	A B C D E F G H I J K L M N
2019-2020 Dues:	\$
Amount Enclosed:	\$

**SCHOOL DEMOGRAPHICS** (Circle all that apply)

- Sponsor:** Parish Cathedral Diocese  
Religious Order Seminary Independent
- Type:** Day Boarding Both ECE-only
- Gender:** Coed Boys Girls

Grades/Ages Served:
Current Enrollment:

**NON-DISCRIMINATION CERTIFICATION**

I certify that my school admits students of any race, color, national, or ethnic origin to all rights, privileges, programs, and activities generally made available to students at the school; and that it does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic programs, and other school-administered programs.

Signature of Head of School (REQUIRED)

Print Name of Head of School (REQUIRED)

Email Address

Date

**THANK YOU!** Please mail this form and your check by **September 30, 2019** to:  
**National Association of Episcopal Schools • P.O. Box 21090 • New York, NY 10087-1090**