## APPLICATION FOR AFFILIATION NATIONAL ASSOCIATION FOR PROFESSIONAL DEVELOPMENT SCHOOLS

NAME OF AFFILIA	TE:		
ADDRESS OF AFFI	LIATE		
REGION, CITY or S	TATE AFFILIATE	IS DRAWING MEMB	ERS FROM
NUMBER OF MEM	BERS (attach a roste	er of members)	
	CONTACT #1	CONTACT #2	CONTACT #3
NAME			
MAILING			
ADDRESS			
EMAIL ADDRESS			
PHONE #			
FAX #			

Description of Affiliate (Each prompt should be addressed and provided as an attachment)

- 1. Organizational Structure:
  - a. Is the affiliate a formerly incorporated organization (Ex: 501(c)3 corporation)? If so, please describe and provide the legal name. If the group is ad hoc, please provide a description of how you are organized and if a university is sponsoring you.
  - b. Provide a list of officers and their contact information
- 2. Provide the organization's mission and vision statement
- 3. Provide a copy of the Bylaws
- 4. Describe how you will assure a balance between P-12 and higher education members
- 5. Provide a schedule of affiliate meetings including potential state/regional conferences
- 6. Provide your website address (if applicable)
- 7. Provide a brief rationale for becoming an NAPDS affiliate (perceived need, effect on the local area, effect on members, etc.)