



ACCREDITATION COUNCIL FOR BUSINESS SCHOOLS & PROGRAMS

MEMBERSHIP APPLICATION – EDUCATIONAL INSTITUTION MEMBERS

Thank you for your interest in Accreditation Council for Business Schools and Program (ACBSP). We look forward to welcoming you to membership. Please complete this application to begin the membership process. Completed applications and required supporting documents may be submitted via email to membership@acbsp.org.

(Please allow 45 days for review of application by the Board of Directors. We will contact you if additional information is required.)

Institutional Information

Name of Institution: _____

Business School/Unit Name: _____

Business Program Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Institution/Business Program Website (URL): _____

Business Program Phone: _____ Business Program Fax: _____
(Include country/city code or area code) (Include country/city code or area code)

Institution's Facebook: _____

Institution's Twitter: _____

Institution's LinkedIn: _____

Type of Institution: (Please check all that apply)

Public Private - Nonprofit Private - For Profit Faith-based HBCU

Are you a multi-campus institution? Yes No

If yes, will you be enrolling additional campuses? (Additional information and membership dues may be required.)

Yes No

Does your institution grant the following business degrees? (Please check all that apply)

Associate Level Degree Bachelor Level Degree Master and/or Doctoral Level Degree

Does your institution have any campuses in other states, countries, or regions? Yes No



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If yes, please tell us where: _____

Student Enrollment – Degree programs only: University (total) _____ Business Programs _____

Approximate No. of Faculty Members: University (total) _____ Business Programs _____

Please list any educational institutions with whom your business school/unit has current collaborations with (such as joint degree programs, faculty and/or student exchanges, etc.).

Special Interests

Is your institution interested in pursuing ACBSP Accreditation? Yes No

Eligibility

Please confirm your eligibility for membership by providing the requested information:

For Institutions Located in the United States:

Is your institution currently regionally accredited? Yes No

If yes, please indicate. If no, the institution's academic business program is not eligible for ACBSP membership.

For Institutions Located Outside the United States:

Non-U.S. institutions awarding business or business related degrees and without US based regional accreditation must present, with the application for membership, a certified English translation of an official document from an appropriate government organization in their home country stating their right to grant higher education degrees.

For non-U.S. institutions based in countries in which the legal authority to award degrees is not available, the institution must provide with the application for membership, documented evidence acceptable to the Board of Directors for membership in this category.

Does your institution currently have regionally or nationally-recognized institutional accreditation (or its equivalency), or recognition, or authorization to award degrees from an appropriate governing or legal body?

Yes No

If yes, please proceed. If no, the institution's academic business program is not eligible for educational membership.

If applicable, when is your next institutional accreditation visit? _____ (Year)



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Institutional Contacts

Head of Business Department/Unit: Must be the dean/chair or chief officer of the business school/department.

_____	_____	_____	_____
Prefix	First Name	Middle Name	Last Name/Surname
_____			_____
Job Title			Direct Telephone
_____			_____
Email Address within Institution			Alternate Email Address

Head of Business Support Staff and/or Billing/Administrative Affairs: Individual who handles billing and administrative affairs on behalf of the Head of Business Department/Unit and may assist with correspondence and renewal invoices.

_____	_____	_____	_____
Prefix	First Name	Middle Name	Last Name/Surname
_____			_____
Job Title			Direct Telephone
_____			_____
Email Address within Institution			Alternate Email Address

Primary Contact (CHAMPION): This person “champions” the value of ACBSP and accreditation to other parties on campus. This may be someone listed in one of the above descriptions. Often the CHAMPION may be the only person receiving materials from ACBSP and is responsible for responding to the ACBSP home office, or distributing information to other ACBSP members on campus. Examples include an annual update of individual member data, event promotion, etc. Only the CHAMPION and CO-CHAMPION, or someone they delegate, are eligible to vote for the institution in all issues of governance, such as approval of standards, bylaws changes, and election of officers.

_____	_____	_____	_____
Prefix	First Name	Middle Name	Last Name/Surname
_____			_____
Job Title			Direct Telephone
_____			_____
Email Address within Institution			Alternate Email Address



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Alternate Contact (CO-CHAMPION): The CO-CHAMPION position provides opportunities for succession planning and guarantees more than one leadership position on each campus. The CO-CHAMPION is responsible for carrying out the duties as described for the CHAMPION. Often, this is someone who may eventually serve as CHAMPION, attends ACBSP meetings, or has direct responsibility for seeking and maintaining accredited status. The CO-CHAMPION often receives information sent to the CHAMPION and can update the institutional profile on acbsp.org. Only the CHAMPION and CO-CHAMPION, or someone they delegate, are eligible to vote for the institution in all issues of governance, such as approval of standards, bylaws changes, and election of officers.

_____	_____	_____	_____
Prefix	First Name	Middle Name	Last Name/Surname
_____		_____	
Job Title	Direct Telephone		
_____		_____	
Email Address within Institution	Alternate Email Address		

Public Relations/Marketing Contact: Individual responsible for marketing, communications, or public relations within the business school/unit.

_____	_____	_____	_____
Prefix	First Name	Middle Name	Last Name/Surname
_____		_____	
Job Title	Direct Telephone		
_____		_____	
Email Address within Institution	Alternate Email Address		

Please see the Individual Member Information Form on the last page of this application to list additional faculty members. You may attach a business school/unit faculty directory in lieu of the Individual Member Information Form.

Note: ACBSP requests immediate notification of changes to the institutional contacts listed above. Please submit changes to membership@acbsp.org.



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Application Authorization

The applicant agrees that all information and supporting documents have been submitted by an authorized individual and confirms all information and the authenticity of supporting documents submitted are valid. The applicant agrees to abide by the ACBSP Bylaws which may be reviewed on the ACBSP website. Specifically, but not limited to the terms under which membership may be cancelled.

By signing this application the applicant also agrees to the terms and conditions of using the ACBSP logo as per the ACBSP Graphics Standards Manual which can be reviewed on the ACBSP website.

SIGNATURE.....

POSITION..... DATE.....

Communications Disclaimer

We may use the information you have provided on this application to contact you and/or your institutional faculty members with newsletters, surveys, marketing or promotional materials, and other information that may be of interest to you. This information may also be shared with ACBSP Regional Leadership or secondary affiliates. Our policy is to communicate with our member organizations chiefly via email or through our website.

ACBSP is committed to upholding the principles of good data handling practices. By making this application to join, you agree that we hold your details on our database.

Please let us know if this causes a problem for your organization by contacting us at membership@acbsp.org.

Membership Fees

The ACBSP membership year is July 1—June 30. Dues are prorated based on the length of membership year remaining when the institution submits application materials. The dues for membership by institutions that are not accredited are as follows:

July 1 — June 30	\$2,000.00
October 1 — June 30	\$1,500.00
January 1 — June 30	\$ 1,000.00



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Payment Information

If an invoice is required to process your dues payment, please submit a request to membership@acbsp.org.

Amount paid: \$ _____ USD

Please indicate method of payment:

Check enclosed Wire transfer* Credit card

*Wire Transfer Instructions can be sent to you by request. Please add \$20.00 USD for the bank’s wire transfer fee. Please include the name of your organization and indicate initial membership dues on the wire transfer instructions.

Credit Card Information:

Type of Card: Visa MasterCard American Express

Name on Card _____

Card # _____

*CVV# _____ Expiration Date _____

Cardholder’s Billing Address _____

(Please complete if billing address is different from institution’s address)

State _____ Country _____

Zip/Billing Postal Code _____

*(For Visa and MasterCard, this is the 3-digit number on the back of the card next to the signature strip. For American Express, this is the 4-digit number on the front of the card, on the right-hand side above the account number.)

Please check to request a receipt: receipt will be sent via email after your application has been processed. Payment is required before the membership is activated.

Please check confirming you are aware that membership dues are renewable on July 1 of each year. Invoices are distributed in early April to the Primary Contact (CHAMPION) on record.



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INDIVIDUAL MEMBER INFORMATION

(You may attach a list of business school/unit faculty in lieu of filling out this portion)

Individual Member	Prefix	First Name	Last Name	Title	Email

Check list of requirements needed to meet membership eligibility. Please enclose the following required information (English-translated documentation is required):

- Documentation from the government or legal organization that recognizes and/or authorizes your institution to grant higher education degrees. (For institution located outside of the United States.)
- Initial membership dues via check, wire transfer, or credit card.
- Completed, signed application form.
- Individual Member Information Form for business school/unit faculty.