



Association of Specialized and Professional Accreditors

www.aspa-usa.org • aspa@aspa-usa.org

DATE: May 2010

RE: Invoice for 2010-2011 ASPA Dues (FY11) – please complete this form and return it to ASPA with payment

Good Practice Statement: My organization continues to meet the ASPA definition of specialized or professional accreditor as posted on the ASPA web-site <www.aspa-usa.org>. I understand that membership in ASPA represents a commitment to follow the ASPA-Member Code of Good Practice.

Agency Name: _____

Name of Respondent: _____

Phone/Fax/E-mail: _____

Instructions: Please complete & return this sheet with payment. The completed form serves as your invoice.

AMOUNT: To calculate your dues:

Multiply the number of institutions that sponsor programs or units accredited by your agency by \$7.60. If the number of institutions is more than 500, put the actual number here (_____) for use in updating ASPA’s records but use the number 500 in your calculations. Add this amount to the sustaining fee for total dues.

_____ institutions x \$7.60 = \$ _____

or

500 institutions x \$7.60 = \$ 3,800.00

plus

Sustaining fee = \$ 4,480.00

equals

TOTAL 2010-2011 (FY11) DUES = \$ _____

Make Check Payable to: ASPA

Mail this Form and Check to: ASPA – c/o Cynthia Davenport
1020 West Byron Street, Suite 8G
Chicago, IL 60613-2987
Phone: 773/525-2160; Fax: 773/525-2162
ASPA’s FEIN: 54-1680661

Payment is due on or before: July 1, 2010

For Office Use Only:

Table with 4 columns: R: / /10, Ck#, Note:, D: / /10