

ASPA

Association of Specialized and Professional Accreditors

Web: www.aspa-usa.org • E-mail: aspacd@aol.com

Code of Good Practice for ASPA Members

In preparation for applying for membership in ASPA, _____ (name of applicant agency) has reviewed the ASPA Code of Good Practice for ASPA Members and does hereby agree to uphold the Code and its principles on this date (specify month, day, year): _____

Signature of Chief **Elected** Officer

Title

Agency Name

Address

City

State

Zip Code

Telephone

Fax

E-Mail

Web-Site Address

NOTE: Please append a list of the members of the agency's current governing body.

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