



Association of Specialized and Professional Accreditors

**Code of Good Practice
for
ASPA Members**

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

Signature of Chief Elected Officer

Title

Applicant Agency Name

Address City State Zip Code

Telephone Fax

E-mail Web-site Address

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