



Code of Good Practice Endorsement

In preparation for applying for membership in ASPA, (name of applicant agency):

has reviewed the *ASPA Code of Good Practice* on (month, day, year): _____
and hereby agrees to uphold the Code and its principles.

Chief Elected Officer (name)

Signature

Title

Applicant Agency Name

Address

City

State

Zip

Telephone

E-mail

Website