NEW BRUNSWICK ASSOCIATION OF PRIVATE COLLEGES & UNIVERSITIES (NBAPCU)

1070 Saint George Blvd. | Moncton, NB | E1E 4K7 t: 506-856-5166 x7019 www.nbapcu.com

&

NATIONAL ASSOCIATION OF CAREER COLLEGES (NACC)

44 Byward Market, Suite 270 | Ottawa, ON | K1N 7A2 t: 613-800-0340 | f: 613-789-9669 www.nacc.ca

APPLICATION FOR MEMBERSHIP

SECTION A – Organization Information

We hereby apply for membership in the New Brunswick Association of Private Colleges & Universities and the National Association of Career Colleges and in so doing, agree to follow and adhere to all Bylaws and Code of Ethics which presently exist, or may in the future be provided by both the provincial and national associations.

Name of College:			
Street Address:			
City:	Province:	Postal Code:	_
Telephone:	Facsimile:		_
Website:			
Each campus will be require	ed to register and will be a	separate voting member of the associa	ation
Please indicate:			
Year of Founding:			
Name of Owner, Director or S	Senior Manager:		
Email of Owner, Director or S	enior Manager:		
Phone Number of Owner, Dir	ector or Senior Manager:		
Name of Official Representat	·	Ferent from the owner, director or senior r	nanage
Email of Official Representati	ve to NBAPCU/NACC:		
Phone Number of Official Re	presentative to NBAPCU/NA	CC:	

SECTION B – PCC Registr	ation Information			
Is your College currently reg Yes No	istered under the Private Od	ccupational Traini	ng Act?	
SECTION D - NACC Service	ces			
Will you be using the NACC S		Examination Service	ces? Yes	_No
Early Childcare Assistant	Personal Support Worker_	Esthetics	Pharmacy	Assistant
SECTION E - MEMBERSHIP	FEE			
Private Career College - \$72 Private University - \$725 Allied Member - \$725	25 includes NACC members	hip		
Please make cheque payab Any NSF cheques will be cha		ciation of Privat	e Colleges &	Universities.
Once you have completed thi	is form please send your app	olication and payn	nent to:	
New Bi	runswick Association of Priv 1070 Saint Geo Moncton E1E 4k	rge Blvd. NB	Universities	
Declaration	EIE 4r	XI		
"I certify that the information knowledge. I understand that termination of membership i of our premises and/or cours Universities representative,	at the provision of false inform n the associations in making se offerings by a New Bruns	mation could resu this application, wick Association	It in denial or s I hereby agree	suspension or to an inspection
Dated thisD	ay of, _			
Signature			Title	
For Office Use Only:				
Date Received	Re	ceived by		
Date Approved for Membe	ership			