

# National Council for Accreditation of Coaching Education



1900 Association Drive  
Reston, VA 20191  
ncace@aahperd.org  
1-800-213-7193 x393  
www.ncaceinfo.org

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## Organizational Membership Application for the National Council for Accreditation of Coaching Education (NCACE)

Please complete the following information and submit it with payment to:

NCACE Membership  
c/o Christopher Hickey  
5 Prospect Street  
Acton, MA 01720

### Membership type:

Organizational (please circle option) - \$250/year or \$650 for 3 years

*Note: Dues are valid through December 31<sup>st</sup> of each year.*

**Organization name:** \_\_\_\_\_

**Organization contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

### Will your organization

Join the registry? Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided \_\_\_\_\_

Seek accreditation? Yes \_\_\_\_\_ No \_\_\_\_\_ Undecided \_\_\_\_\_

Check amount: \$ \_\_\_\_\_

Charge to: \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Amount charged: \$ \_\_\_\_\_

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### Office Use Only

Check # \_\_\_\_\_ Check date: \_\_\_\_\_

Deposit date: \_\_\_\_\_ Amount: \_\_\_\_\_ Code: MS-NANCACEO