



Dear Prospective Affiliate Member of ISAAGNY:

Thank you for your interest in becoming an Affiliate Member of the Independent Schools Admissions Association of Greater New York (ISAAGNY). Please note that the criteria listed below must be met before we can start the application process. Organizations applying for Affiliate Membership in ISAAGNY must be

- A not-for-profit organization under IRS Code 501 (c)(3)
- In operation for at least 3 years
- Located in the greater New York area (including the City of New York; the counties of Nassau, Rockland and Westchester, New York; the counties of Bergen and Essex, New Jersey).
- Agree to abide by the ISAAGNY Membership Agreement.

If your organization meets these criteria, please complete the attached one page application and send it to coordinator@isaagny.org. Once we have received your application, we will send additional materials for membership. The process for completion and review of a membership application can take up to a year.

Thank you for your interest in ISAAGNY.

Sincerely,

Jenna King and Jennifer Grogan
Membership Committee



Please submit the following documentation when applying for Affiliate Membership in ISAAGNY:

1. Proof of existence for at least 3 years
2. Proof of 501 (c) (3) status
3. Organization's statement of Non-discrimination
4. Organization's Mission and Admission Process
5. Letter of support from three ISAAGNY Member Schools, signed by Head of School, Admissions Director, or Division Head who is familiar with the work of your organization and who has had an applicant from their school work with you.
6. An application fee of \$50.00 - We will send instructions about forwarding the fee upon receipt of the documents.

After receipt of the above, the Membership Committee will review the documentation and arrange for a visit to your organization. Your application will be presented to the Board of Trustees for decision. Your organization will then be notified of the membership decision.

Please send documentation to coordinator@isaagny.org.

Thank you again for your interest in ISAAGNY.



Application for Affiliate Membership to ISAAGNY

Name of Organization _____

Address _____

Phone _____ Fax _____ Email _____

Website _____

Executive Director/ Program Head _____

Year of Establishment _____ Number of students served annually _____

Earliest Grade or Age _____ Last Grade or Age _____

Are you a not-for-profit organization under IRS 501 (c) (3)? Yes ___ No ___ Year? _____

Has your organization ever applied for membership in ISAAGNY? _____ What year? _____

Has your organization ever been a member of ISAAGNY? _____ Year of Admission? _____

Signature _____ Title _____

Date _____