



# APPLICATION FOR 2024

INSTITUTION: \_\_\_\_\_ NAME: \_\_\_\_\_  
Institution Name First Name MI Last Name Suffix

TITLE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Number Street Name City State Zip Code Country

PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

FACEBOOK: \_\_\_\_\_ LINKEDIN: \_\_\_\_\_

TWITTER: \_\_\_\_\_ INSTAGRAM: \_\_\_\_\_

ARCH/DIOCESE: \_\_\_\_\_

PRINCIPAL/PRESIDENT/ADMINISTRATOR/DIRECTOR NAME: \_\_\_\_\_

EIN/FEDERAL TAX ID: \_\_\_\_\_ STUDENT ENROLLMENT: \_\_\_\_\_

**FOR SCHOOL MEMBERSHIP: Staffing:** Number of Faculty and Staffing \_\_\_\_\_  
**Governance:**  Parish  Interparish  Diocesan  Private  Religious Congregation/Network \_\_\_\_\_  
**Type:**  Physical Building  Virtual \_\_\_\_\_ Sponsoring Organization, if applicable  
**Location:**  Rural  Suburban  Urban  Inner City **Gender:**  Female  Male  Coed  Codivisional

**INDIVIDUALS:** Individual \$275  Student/Retired \$155

**SCHOOLS: SCHOOL LEADERS MUST JOIN AS PART OF THE SCHOOL'S MEMBERSHIP**

**Elementary/Child Care Center**

Enrollment		
Under 100	\$265	<input type="checkbox"/>
100-199	\$355	<input type="checkbox"/>
200-299	\$500	<input type="checkbox"/>
300-399	\$580	<input type="checkbox"/>
400-499	\$650	<input type="checkbox"/>
500-599	\$730	<input type="checkbox"/>
Over 599	\$885	<input type="checkbox"/>

**Secondary/PK-12 Schools** (consisting of two or more schools within an arch/diocese operating as a unit with a central office)

Enrollment		
Under 200	\$400	<input type="checkbox"/>
200-299	\$510	<input type="checkbox"/>
300-399	\$640	<input type="checkbox"/>
400-499	\$840	<input type="checkbox"/>
500-599	\$990	<input type="checkbox"/>
600-699	\$1,105	<input type="checkbox"/>
Enrollment		
700-799	\$1,230	<input type="checkbox"/>
800-899	\$1,395	<input type="checkbox"/>
900-999	\$1,820	<input type="checkbox"/>
1,000-1,499	\$2,445	<input type="checkbox"/>
Over 1,499	\$2,795	<input type="checkbox"/>

**HIGHER EDUCATION MEMBERSHIPS:**

**Catholic Higher Education Supporting Catholic Schools (CHESCS)  
Catholic Higher Education Admissions Officers (CHEAO)**

Individual	\$505	<input type="checkbox"/>
2 members	\$865	<input type="checkbox"/>
3+ members	\$1,170	<input type="checkbox"/>

**GOVERNING BODIES:**

**Diocesan/International Boards**

Board	\$440	<input type="checkbox"/>
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**ADMINISTRATIVE OFFICES OF CATHOLIC EDUCATION:**

**Diocesan Offices/Catholic Schools Departments/Regional Offices/  
Networks/Religious Congregations/Accrediting Bodies**

Individual	\$580	<input type="checkbox"/>
2 person	\$1,080	<input type="checkbox"/>
3-5 person	\$1,500	<input type="checkbox"/>
6-8 person	\$1,875	<input type="checkbox"/>
9+ person	\$2,440	<input type="checkbox"/>

Complete this form and scan or send with payment to: NCEA, PO Box 220101, Chantilly, VA 20153-0101  
Fax: (703) 243-0025; Email: services@ncea.org. For questions or assistance call: (800) 711-6232

**PLEASE SELECT PAYMENT METHOD IN U.S. DOLLARS:**

Check enclosed \$ \_\_\_\_\_  Charge \$ \_\_\_\_\_  Visa  MasterCard®  American Express (AMEX)  Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CSC: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ (please print name exactly as it appears on the card) Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_