

# Private, Public & Charter School Membership Agreement



## SCHOOL OR INDIVIDUAL

Name \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ E-mail Address \_\_\_\_\_  
City \_\_\_\_\_ Web Site \_\_\_\_\_  
State \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_ Phone \_\_\_\_\_  
Contact Name \_\_\_\_\_ Contact E-mail \_\_\_\_\_

## INTEREST

\_\_\_\_ Curriculum Development & Improvement      \_\_\_\_ Accreditation Development  
\_\_\_\_ Consulting      \_\_\_\_ Technology Plan/Installation  
\_\_\_\_ VCS AMSE Institute \ ISS Satellite      \_\_\_\_ VCS Conservatory  
\_\_\_\_ ALEK Math Program      \_\_\_\_ Online Enrollment  
\_\_\_\_ Other \_\_\_\_\_

## MEMBERSHIP DONATION

**1. By Credit Card:** \_\_ Visa \_\_ Master Card \_\_ American Express \_\_ Other \_\_\_\_\_  
Exp. Date \_\_/\_\_/\_\_  
Card#: \_\_/\_\_/\_\_/\_\_--\_\_/\_\_/\_\_/\_\_--\_\_/\_\_/\_\_/\_\_--\_\_/\_\_/\_\_/\_\_  
Name on Card: \_\_\_\_\_  
Signature: \_\_\_\_\_

**2. By Check:** My check is enclosed for \$ \_\_\_\_\_

Please make checks payable in U.S. funds to:

**The Quest Institute**  
**100 Skyway Drive San Jose CA, 95111**  
**Phone 408.513.2500 FAX 408.513.2525**  
**Web Site <http://www.thequestinstitute.com>**

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## Affirmation

Your signature indicates that you have completed all applicable sections and affirms the following:

Your school does not discriminate in employment on the basis of gender, race, national origin, age or disability; nor does the school discriminate in enrollment or in the provision of its program or services on the basis of gender, race, or national or ethnic origin.

## Signature

*To develop and sustain premier  
comprehensive schools in support  
of the Quest for Excellence<sup>™</sup>  
through*

*Academic Achievement*

*Artistic Beauty*

*Athletic Distinction*

Your signature indicates that you have completed all applicable sections. Your signature affirms that I have read and comply with the above affirmation.

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Signature

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Date

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Name of Administrator

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Title