

NATIONAL ASSOCIATION OF SCHOOLS OF MUSIC  
11250 Roger Bacon Drive, Suite 21  
Reston, Virginia 20190-5248  
Telephone: 703-437-0700  
Facsimile: 703-437-6312

## APPLICATION FOR MEMBERSHIP

*All information must be typed or printed legibly. Please do not retype this form.*

\_\_\_\_\_  
**Name of Institution and Music Unit**

\_\_\_\_\_  
**Street and/or Mailing Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

**Multipurpose Institutions –**

Chief Executive Officer/President: \_\_\_\_\_

Chief Academic Officer: \_\_\_\_\_

Dean Responsible for the Unit: \_\_\_\_\_

**Independent Schools of Music –**

Chief Executive Officer/President: \_\_\_\_\_

Chair, Board of Trustees: \_\_\_\_\_

**Has the institution had a consultative visit?**

YES

NO

**If yes:** Date of the consultative visit \_\_\_\_\_ Name of the consultant \_\_\_\_\_

### I. APPLICATION CATEGORY (*check only one*):

Membership (*for first-time applicants OR institutions with Associate Membership*)

Renewal of Membership (*for institutions with Membership*)

### II. INSTITUTIONAL CATEGORY (*check all that apply*):

Public

Not-for-Profit

Non-Degree-Granting

Degree-Granting

Private

Proprietary

Community/2 Year College

Doctoral Degree-Granting

### III. OTHER REVIEW ACTIVITY:

**If applicable, please provide the following by indicating:**

Last NASM accreditation visit \_\_\_\_\_

Full name of institutional (regional) accrediting agency \_\_\_\_\_

Year of latest institutional (regional) accreditation agency visitation \_\_\_\_\_

Year of next institutional (regional) accreditation agency visitation \_\_\_\_\_

Is the institution presently being denied recognition or accreditation by any state or accreditation agency?  YES  NO

If yes, which agency(ies)? \_\_\_\_\_

Is the institution's recognition or accreditation presently being revoked by any state or accreditation agency?  YES  NO

If yes, which agency(ies)? \_\_\_\_\_

Is the institution accredited by CAEP?  YES  NO

If yes: Year of latest CAEP visitation \_\_\_\_\_ Year of next CAEP visitation \_\_\_\_\_

*(continued on the reverse)*

**IV. ITEMS TRANSMITTED WITH THE APPLICATION FORM:**

Self-Study Document and Supporting Materials – 3 copies

Date Application Fee submitted: \_\_\_\_\_  Amount of Application Fee submitted: \$\_\_\_\_\_

**NOTE: One copy each of the Self-Study document and all supportive materials must be sent to and received by each visiting evaluator *at least four weeks prior to the visit.***

---

**STATEMENT BY APPLICANT INSTITUTION**

Failure to act favorably upon an application for Membership or renewal of Membership in the National Association of Schools of Music shall not, in and of itself, constitute grounds for legal action against NASM by the applicant institution or individuals therein.

In all cases when a disagreement cannot be resolved through normal NASM procedures, the institution and the individuals therein agree to abide by NASM Rules of Practice and Procedure entitled “Requests for Reconsideration by an Accrediting Commission” and/or “Appeals of Adverse Decisions Concerning Accredited Institutional Membership” as set forth in the NASM *Handbook*. These procedures provide for final action after review in accordance with the rules of the American Arbitration Association.

Upon receipt of an invoice before the visitation for an application fee, and after the visitation, with regard to the expenses of the evaluators, the visited institution agrees to pay the application fee and to reimburse NASM for the expenses incurred by the visiting evaluators.

---

Name and Title of Music Executive

---

Signature of Music Executive

---

Date

---

Telephone (*include area code*)

---

Facsimile (*include area code*)

---

Web Address

---

Email Address

***NEW APPLICANTS ONLY***

If your institution is seeking accredited institutional Membership for the first time, this Application form must be signed by the Chief Executive Officer/President of the institution.

---

Name and Title of Chief Executive Officer/President

---

Signature of Chief Executive Officer/President

---

Date

**Three copies of this Application form are to be returned to the NASM National Office by all institutions except Community/2 Year Colleges, which shall submit two copies. One copy is to be retained for the institution's files.**