



*Serving Idaho, Oregon and Washington private sector schools and colleges*

I. Name of school \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Website \_\_\_\_\_

II. Primary Contact \_\_\_\_\_  
 Title \_\_\_\_\_ E-mail address, if different from above \_\_\_\_\_

III. Type of ownership: ( ) Sole proprietorship ( ) Corporation ( ) Non-profit  
 ( ) Publicly traded ( ) Other

Owner \_\_\_\_\_ How long? \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

IV. *Check all boxes that apply to your school:*

- Licensed by the Workforce Training & Education Coordinating Board
- Licensed by the Oregon Department of Education
- Oregon Office of Degree Authorization
- Registered with Idaho Board of Education
- Licensed by Occupational Licensing (ID)
- Licensed by the Department of Licensing (WA & OR)
- Authorized by the WA Student Achievement Council (SAC)
- Approved for Veterans Training
- Accredited. List agency \_\_\_\_\_
- Approved, U.S. Department of Education, SFA Title IV programs
- Other:

### PAYMENT INFORMATION

New Member Dues: \$150 for 12 months  
 Check enclosed made payable to NWCCF  
 Please charge my credit card \$ \_\_\_\_\_  
 (Visa, AmEx or Mastercard)  
 Number \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  
 CVV code \_\_\_\_\_  
 Name on Card: \_\_\_\_\_  
 Cardholder Billing Address:  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ St \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Card Holder Signature: \_\_\_\_\_

I hereby attest that all information provided with this application is accurate to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_