



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 _____