**International Accreditation Council for Business Education**



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|  | Application forIndividual Membership |  |

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| International Accreditation Council for Business Education11960 Quivira Rd, Suite 300Overland Park, Kansas 66213USA |



**Application for Individual Membership**

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| Individual’s Name: |  |
| Individual’s Title: |  |
| Organizational Affiliation: |  |
| Organization’s Physical Address: |  |
| Organization’s Mailing Address (if different that physical address): |  |
| City and State or Country: |  | ZIP/Postal Code: |  |
| Telephone (with country code if outside of the United States): |  | Email: |  |
| Fax (with country code if outside of the United States): |  | Website: |  |

1. Please provide a brief description of your background:

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1. How did you hear about IACBE?

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1. Please provide a brief description of your organization’s mission and purpose (if not affiliated with a member school):

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1. Have you ever been previously associated with a member of the IACBE? If so, please identify the school(s) and your position(s):

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Submitted herewith is my application for Individual Membership in the IACBE, affirming my support of the mission and goals of the IACBE.

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| Signature: |  | Title: |  |
| Printed Name: |  | Date: |  |

Enclose a check with your application or contact the IACBE office at 1-913-631-3009 or by email at iacbe@iacbe.org for additional payment information and options.

Send the application to iacbe@iacbe.org (preferred); or send via regular mail to:

IACBE World Headquarters

11960 Quivira Rd., Suite 300

Overland Park, Kansas 66213

USA