



DIGITAL MEMBERSHIP APPLICATION FORM

1. Country/location(s)? _____
2. Name of school(s)? _____
3. Mailing address(es)? _____
4. Physical (street) address(es) of your school(s)? _____
5. What is the name of the authorized contact representative for GATS correspondence and application purposes? _____
6. What is his/her mailing address (if different from above)? _____
7. What is the e-mail address of this authorized contact representative for your training programs? _____
8. What is the telephone number? _____
9. What are the various training programs (with locations) that are included in this application? _____
10. Describe your present training program(s) (number of years, semesters, hours, days a week, and weeks per semester). Attach your curriculum structure or scope and sequence.

11. Have you read the *GATS Policy and Training Manual* and/or studied the material provided on the GATS Website (www.gatsonline.org)? Yes No
12. Do you agree to comply with the guidelines provided in this material? Yes No
Explain, if necessary. _____
13. Explain briefly the steps that you have taken, are taking, or will be taking to implement the GATS academic program (core curriculum). _____

Indicate which academic programs you are applying to be a part of presently:

1. Certificate Program	
2. Diploma Program	
3. Associate Degree Program	
4. Bachelor Degree Program	
5. Faculty Education/Development Program	

14. What problems (if any) do you anticipate in implementing the GATS curriculum and guidelines? _____
15. What assistance do you need from the Coordinator of GATS or your regional representative(s) to institute this program? _____





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16. Do you have any questions concerning the GATS program that we can answer for you? (If so, what are they?) _____

17. Are you aware that approval of this application places you as a membership nation or school with GATS, but in order for your students to receive certificates, diplomas, or degrees from us it will necessitate such students completing all required aspects of the program (core curriculum, objectives, and classroom or course hours), and to be in compliance with all academic policies of our association and the credential issuing body? Yes No

If you have any comments, please add them: _____

18. Attach the following to this application:

- Resolution from the National Board requesting membership in GATS.
- Copies of your school or training program policies.
- Copy of your prospectus, if available.
- Copy of your curriculum structure and/or scope or sequence.
- Personal Growth Plan form (for instructors).
- Other documents which would assist us in better understanding your education program.

19. Complete the attached form concerning instructors at your school.

20. What plan do you have in place for ongoing faculty development and education? _____

21. Attach \$100.00 nonrefundable registration fee to be paid in USD, made payable to Global Missions. The GATS PIM Account number is 173514. In special cases the registration fee could be transferred from a missionary or field PIM account. If needed, communicate with our office concerning this, and also send an authorization note for a transaction of this nature.

22. Send this application form, the form concerning instructors, the requested documents in #17 above, and your check to:

Global Association of Theological Studies
ATTN James Poitras
36 Research Park Ct
Weldon Spring MO 63304

If you are sending your application digitally, it can be sent, together with all supporting documents to us at jpoitras@upci.org. Be sure to copy your Regional GATS Representative.

Digital Signature of Superintendent/President

Digital Signature of Authorized Contact Representative

