

AGPI Secondary School Associate Membership Application Form



Contact Information

School principal	
School secretary	
Contact person for AGPI	
Name of School	
Address	
Phone number	
Email address of contact person	
Other email address	

Unaccompanied minors

How many international unaccompanied minors do you currently host in your school?	
How many agents or providers do you work with?	
Are your current providers AGPI members?	Yes / No / Not sure
Comments	

Agreement and Signature

By submitting this application, I confirm that my school wishes to become an associate member of the AGPI and henceforth, we are open to working with AGPI member agents/providers and we will strongly encourage our existing agents/providers to act within the national legislative and policy context by becoming AGPI members.

Name (printed)	
Signature	
Date	

AGPI Office use only

Date Received _____

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