APPLICATION FOR ASSOCIATE MEMBERSHIP
OF THE ASIA THEOLOGICAL ASSOCIATION (ATA)

*An application for Associate Membership in the Asia Theological Association is the first step in seeking fellowship within the ATA and subsequent accreditation.*

This application should be sent by email attachment to: ataasia@gmail.com or by postal mail to the *ATA Administrative Office: Unit 702 Centro Plaza Condominium 49 Scout Madriñan Street, Quezon City 1103, Philippines*, together with the application fee. (For applications from India, please see the end of this document.)

* + 1. Institutional and Program Summary
1. Full Name of the Institution (and abbreviation, if any)
2. Full Address
3. Contact details (telephone, fax, email)
4. Name and title of the head of the institution
5. Are you a member of any other church or theological association or accreditation agency?
If yes, please give details.
6. Program(s) the institution is currently offering to students:

a. Please mention here the names of all programs, and provide in an appendix a description of each program, including its curriculum.

b. How long has each program been in operation, and how many graduates has each produced?

c. Identify any programs that already receive accreditation from another agency.

1. Do you believe you have the potential to become (after a full and comprehensive evaluation) an accredited member of the ATA, with a willingness to comply (in the future) with the quality measures and standards of the ATA for accreditation purposes (please see Section 3 of the ATA *Manual for Accreditation*)?
2. Please state your intentions regarding ATA accreditation of your programs, and a realistic timeframe for achieving accreditation (note that the accreditation process itself normally takes a full year).
3. List of educators and librarians in the institution, grouped according to their educational roles.
For each please share:
*full name, highest degree, employment status (full time / part time), teaching concentrations.*
4. Please include the history of the institution, including its founding (as an appendix, if necessary).

Institutional and Program Statistical Summary

1. Please supply statistical information for the current year and the previous four (4) years for each of the following (indicating if any current year statistics are incomplete):
	1. Student enrolment in *each* of the programs that the institution offers
	2. Educators (including librarians): list numbers full time/part time
	(grouped under their respective educational roles)
	3. Financial Summary:
		* 1. Total Revenue of the Institution
			2. Total Expenditure of the Institution
	4. Educational resources
		* 1. Library collection (number of volumes and number of titles;
			include separate numbers of digital titles)
			2. Number of periodicals (include separate numbers of digital titles)
			3. Expenditures on educational resources
		1. Governance and Strategic Plan Summary
2. Mission and Vision statements of the institution
3. Main organizational objectives of the institution
4. Leadership of the Institution
	1. Governing Body (list of members and their roles)
	2. Executive leadership (list all executive office holders and when they took office)
5. Please submit (as an appendix, if necessary) your current institutional strategic plan\* to highlight intentionality for future growth and development in line with your mission and vision. Please attach the projected budget for the duration of the plan. [\* If a formal strategic plan is not available, please describe here the main areas in which institutional and program growth and development is intended in the coming three to five years, and any specific objectives you may have.]
	* 1. Agreements and Responses to the ATA
6. Please confirm that you understand the ATA’s Criteria for Associate Membership and that you believe you meet the criteria for membership of the ATA.
7. Please state your agreement with, and willingness to abide by, ATA values and the ATA Constitution (please request a copy before proceeding), including its Aims and Statement of Faith.
8. For *each* of the 25 values esteemed by ATA educators, listed in Section 1.3d of the ATA *Manual for Accreditation*, give one example showing how it is implemented in your institution.
9. Which ATA member school in the same locality or country endorses your application for Associate Membership of the ATA?

Please supply the name and contact details (address, phone, email) of the head of that institution.
10. In making this application and by signing below, our institution also agrees:
(please confirm your agreement by writing “Agreed” to each)

a. To pay travel and accommodation expenses for a preliminary visit by a member of the CAED,
if recommended by the Secretary, prior to acceptance.

b. To pay the prescribed Annual Fees to the ATA and submit Annual Progress Reports, if accepted as a member.

c. Not to promote its status as an Associate Member (if this is granted) in any way that might communicate or imply ATA recognition of its programs, nor to communicate or imply any accreditation status until ATA accreditation is formally applied for and achieved through the regular ATA accreditation processes.

d. Similarly, if accepted as an Associate Member, and our institution subsequently applies for accreditation with the ATA, we agree to state explicitly that our institution is only a *Candidate* for accreditation with the Asia Theological Association (ATA) until such time as accreditation is formally granted by the ATA through its Commission for Accreditation and Educational Development (CAED) following the regular ATA accreditation process.

1. Name and position of the person making application

Signature

Date

**PAYMENTS**

**All checks payable to ATA should be issued to:**

*Asia Theological Association International (ATA), Inc.*

*Unit 702 Centro Plaza Condominium*

*49 Scout Madriñan St. Quezon City 1103*

*Metro Manila, Philippines*

**Application and Membership Fees could also be sent by telegraphic transfer to the following:**

Account name: *Asia Theological Association International (ATA), Inc.*
Account number: *441-2-44100323-9*

Swift code: *MBTCPHMM*
Bank: *Metrobank Karuhatan, Valenzuela Branch*

Bank Address: *235-I McArthur Highway, Karuhatan Valenzuela City, Metro Manila, Philippines*

**APPLICATIONS FROM INDIA**

In the case of institutions in India who wish to apply for ATA membership, please send your application to:

*The Regional Secretary - India*

*Asia Theological Association*

*003, Providence Apartments*

*10, BDS Garden Road*

*Geddalahalli, Bangalore - 560077*

The ATA India office will advise regarding the application fee and other requirements.

**FEES**

**Group A:**

Within Asia Hong Kong, Korea, Malaysia, Japan, Macau, Singapore, Taiwan

Outside Asia USA, Europe, Israel, Australia

**Group B:**

Philippines, Thailand, Indonesia, Jordan, Vietnam

**Group C:**

Bangladesh, India, Mongolia, Myanmar, Pakistan, Nepal, Sri Lanka

**ASIA THEOLOGICAL ASSOCIATION INTERNATIONAL FEES CHARGED (IN USD)**

|  |  |  |  |
| --- | --- | --- | --- |
| **ATA FEES** | **Group A****($ US)** | **Group B****($US)** | **Group C****($ US)** |
| **Membership Application Fees** |
| Within Asia | 400 | 300 | 100 |
| Outside Asia | 500 | 400 | na |
| **Associate Member Annual Fees** |
| Association/Organization | 420 | 420 | 420 |
| Institution | 350 | 350 | 350 |
| **Accredited Member Annual Fees** |
| Undergraduate | 750 | 580 | 350 |
| Graduate | 850 | 650 | 420 |
| Post Graduate | 900 | 750 | 500 |
| Doctoral Level | 950 | 820 | 580 |
| **Accreditation Evaluation (VET) Fees\*** |
| UndergraduateEach additional program | 75090 | 55070 | 350(up to 2 programs)40 |
| GraduateEach additional program | 800100 | 65080 | 400(up to 2 programs)60 |
| Post GraduateEach additional program | 850125 | 700100 | 500(up to 2 programs)80 |
| Doctoral LevelEach additional program | 950150 | 800120 | 550(up to 2 programs)100 |

**\* Note: institutions are also expected to cover travel and accommodation expenses for Visiting Evaluation Teams (VETs)**