



## ATLA/SCELC Affiliate Agreement Form

Institution: \_\_\_\_\_

Representative: \_\_\_\_\_

I acknowledge that I have read and agree to the terms of *the ATLA/SCELC Affiliate Guidelines* and agree to the Policies and Procedures stated therein. I have also completed the online ATLA/SCELC Affiliate Application at <http://scelc.org/atla/application>.

\_\_\_\_\_  
Authorized Signature/Title

\_\_\_\_\_  
Date

Please return via fax to the SCELC Office at (310) 471-0123,  
or email a scanned copy to [admin@scelc.org](mailto:admin@scelc.org).