



**“Many minds – one heartbeat”**

**TO COLLABORATE IS TO APPRECIATE**

Dear Partner in Education,

**Introduction**

Abuja Schools Association is an inclusive association which promotes collaboration between schools. At its core is the inherent belief that when we join forces, each member is strengthened.

**Vision:** The vision of A.S.A is to develop and optimise education through quality leadership in Abuja schools.

**Mission:**

- To organise a structure to which Abuja Schools can operate orderly amongst each other.
- Set a professional standard for ethical norms and values.
- Improve quality in education through proper competitions and global networking.
- Establish professional cohesion amongst Abuja Schools.
- Operate closely and in collaboration within the framework of the law.

With the four pillars of **Leadership, Academics, Sport and Culture** as our main focus, ASA is deeply committed to supporting schools (and partners) to achieve excellence through collaboration.

***Please, complete the registration form attached as part of the legitimate process.***

Best Wishes.

**Olumide Omotoye**  
***Chairperson, ASA***



**ASA**  
**Registration Form**

Abuja Schools Association (ASA) Partnership Status is valid for 12 months.

Name of entity: .....

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Physical address: .....

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E-mail address : .....

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Telephone numbers : .....

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Name of representative (or CEO): .....

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Representative E-mail address:

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Representative phone number:

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The membership fee of N50,000 per annum to accompany this registration form.

Transfer electronically to:

**Bank Name: UBA**

**Account Name: Abuja Schools Association**

**Account No: 1020672710**

**Reference: A.S.A Registration Fee**

**E-mail proof of deposit as well as registration form to**

abujaschoolsassociation1@gmail.com cc: info@abujaschoolsassociation.org;

christyekanem@startriteschools.com.ng

**N.B.: Logo and assets for promotion should be sent to:**

abujaschoolsassociation1@gmail.com; info@abujaschoolsassociation.org

For further information, please call the Secretary on +234 803 305 9042 or the PRO on +234 803 704 1680

**DECLARATION**

I hereby agree to the conditions of membership as stipulated in the constitution of A.S.A.

**Name of Organisation:** .....

**Name of Representative:** .....

**Signature of Representative:** .....

**Date:** .....

*Form is to be filled and returned to the office of the Secretary*

