

ASSOCIATE MEMBERSHIP APPLICATION FORM

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Institution Name: _____
Address: _____ City : _____
Province : _____ Postal Code: _____ Web Address : _____
Institution Telephone # : (_____) _____ - _____ Institution Fax # : (_____) _____ - _____
Contact : _____ **Title:** _____ **Email :** _____
Telephone:(____) _____ **Ext:** _____ **Fax:** (____) _____ - _____
Is your institution affiliated with another post-secondary institution? ()NO ()YES
If yes, specify affiliation _____
Is your institution: ()Provincially funded ()Privately funded ()Other
If other, specify _____
Is your institution a member of AUCC? ()NO ()YES or ACCC? ()NO ()YES
or another accrediting body? () Please specify _____
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ADDITIONAL MEMBERS

1. Contact : _____ Title: _____ Email : _____
Telephone:(____) _____ Ext: _____ Fax: (____) _____ - _____
2. Contact : _____ Title: _____ Email : _____
Telephone:(____) _____ Ext: _____ Fax: (____) _____ - _____
3. Contact : _____ Title: _____ Email : _____
Telephone:(____) _____ Ext: _____ Fax: (____) _____ - _____
4. Contact : _____ Title: _____ Email : _____
Telephone:(____) _____ Ext: _____ Fax: (____) _____ - _____
5. Contact : _____ Title: _____ Email : _____
Telephone:(____) _____ Ext: _____ Fax: (____) _____ - _____

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Please supply full details of individual members on the form provided (photocopy extras if necessary). The annual fee for Associate Membership is \$100.00 (+ G.S.T.).

DATE : ____ / ____ / ____
 Yr Mo Day

Please forward this Associate Application and payment to:

**France Myette, ARUCC Sec.-Tr. / Att. : Univ. Sherbrooke
2500 boul. Université, Sherbrooke, Qc, J1K 2R1 Canada**