



<http://www.arucc.com>

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:
Angelique Saweczko, ARUCC Sec.-Tr. / Att.: Univ. of Regina, AH Rm 108, 3737
Wascana Parkway, Regina, SK S4S 0A2