

INSTITUTIONAL MEMBERSHIP APPLICATION

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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, please specify : _____
Is your institution a member of AUCC? ()NO ()YES or ACCC? ()NO ()YES
of 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) and also your 2000/2001 Provincial Revenue (\$ _____ (+ G.S.T.)) of the Institution for us to determine your annual fee for Membership.

DATE : ____ / ____ / ____
 Yr Mo Day

Please forward this Institutional Membership Application and payment to:

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